

TLF MCBI Camp. S.D. Buder PSC 556 Box 759 FPO AP 96386-0759

TYSON, GUNNERY SGT SHARONDA L

HQBN 3D MARDIV UNIT 35840

FPO, AP 96382

Room Number: F311 ,Daily Rate: 160.00 Room Type: QPS

No. of Guests: 2/1

| ARRIVAL      | DEPARTU    | RE - CHRED  | TO CARID :: : |       | (RYAUTE PLY   | (N) (C) (M) | GOD!     | ACCOUNT :   |
|--------------|------------|-------------|---------------|-------|---------------|-------------|----------|-------------|
| 01/11/2017   | 02/10/2017 | · XXXX      | XXXX XXXX 96  | 02    | PCSIN         | P1          |          | 40210305186 |
| DATE         | IEGOMINO): | DESGRIPTION |               | REF   | REXOE         |             |          | AMOUNT      |
| 01/11/2017   | F311       | ROOM CHARGE |               | #F311 | TYSON, GYSGT  | SHARONDAL   |          | \$165.00    |
| 01/12/2017   | F311       | ROOM CHARGE | •             | #F311 | TYSON, GYSGT  | SHARONDA L  | •        | \$165,00    |
| 01/13/2017   | F311       | ROOM CHARGE |               | #F311 | TYSON, GYSGT  | SHARONDA L  |          | \$165.00    |
| 01/14/2017   | F311       | ROOM-CHARGE |               | #F311 | TYSON, GYSGT  | SHARONDA L  |          | \$165.00    |
| 01/15/2017   | F311       | ROOM CHARGE |               | #F311 | TYSON, GYSGT  | SHARONDA L  |          | \$165.00    |
| 01/16/2017   | F311       | ROOM CHARGE |               | #F311 | TYSON, GYSGT  | SHARONDAL   |          | \$165.00    |
| 01/17/2017   | F311       | ROOM CHARGE |               | #F311 | TYSON, GYSGT  | SHARONDAL   |          | \$165.00    |
| 01/18/2017   | F311       | ROOM CHARGE |               | #F311 | TYSON, GYSGT  | SHARONDAL   | :        | \$165.00    |
| 01/19/2017   | F311       | ROOM CHARGE |               | #F311 | TYSON, GYSGT  | SHARONDAL   | <b>*</b> | \$165.00    |
| 01/20/2017   | F311       | ROOM CREDIT |               | ROOM  | CREDIT/ 9days | x \$5 🗜     | .:       | -\$45.00    |
| · 01/20/2017 | F311       | ROOM CHARGE |               | #F311 | TYSON, GYSGT  | SHARONDA L  | -3       | \$160.00    |
| 01/21/2017   | F311       | VISA        |               | VISA  |               | •           |          | -\$1,600,00 |

|                 | TOTAL DUE:             | \$0.00   |
|-----------------|------------------------|----------|
| Guest Signature | Seik Signature — Kulka | <i>9</i> |

MISCELLANEOUS MILITARY PAY ORDER/SPECIAL PAYMENT AUTHORIZATION NAVMC 11116 (REV.5-02 DTMS)(EF) OTMS Document ID: 5098094 SN: 0109-LF-065-3600 U/I: PADS OF 100 DATE RUC 20170129 13001 ECC NAME OF INDIVIDUAL (LAST, FIRST, MI) SSN TYSON, SHARONDA L EDIPI: 1251670966 20201107 TO DISBURSING OFFICER ADJUST THE INDIVIDUALS YOU ARE AUTHORIZED TO DEBIT CREDIT MILITARY PAY ACCOUNT FOR THE TRANSACTIONS INDICATED YOU ARE DIRECTED TO MAKE THE FOLLOWING SPECIAL PAYMENT BASED ON THE TRANSACTIONS INDICATED PAYMENTS (Requires Commanding Officer's Signature) TYPE: PURPOSE: EVENTS AGED 60 DAYS OR MORE PAYDAY ADJUSTMENT SEVERE HARDSHIP SPECIAL PAYMENT MEMBER'S JUMP/MMS RECORD NOT IN CENTRAL SITE ACCESSION MESSAGE ATTACHED TYPED NAME/GRADE OF COMMANDING OFFICER SIGNATURE OF COMMANDING OFFICER DATE CWO3 KEVIN L JONES 20170129 CWO3 KEVIN L. JONES (AUTHORIZATION) MONTHS ADVANCE PAY INCIDENT TO PCS ORDERS. PAY **ADVANCE PAY** MONTHS REPAYMENT IN **ADVANCE PAY** MONTHS ADVANCE AND ALLOWANCES FOR ASSIGNMENT TO A REMOTE LOCATION AND DEPLOYED ABOARD SHIP FOR MORE THAN 30 DAYS PURSUANT TO DODPM, PAR 40102. **ALLOWANCES** ADVANCE MONTHS ADVANCE HOUSING ALLOWANCE PAY \_ HOUSING REPAYMENT IN MONTHS **ALLOWANCES** OTHER REQ III MEF DISBO MAKE A SPL PAYMENT AND PAY MBR TLA. MBR REQ 1ST ARR TLA. MBR IS ON 36 MOS ACCOM TOUR. COPY OF SOURCE ATT. POC MAKINO IPAC/TLA AT 645-7728. **UNIT DIARY** 

Admin Transaction Information Disbursing Transaction Information

Number Date TTC SEQ Reported... Number Date TTC SEQ Reported...

PAYMENTS PR# Date Amount

**ENCLOSURE** (1)

Document 5098094

TTC

584

584

Showing 1 to 2 of 2 entries

**Online Transaction Summary** 

SEQ

001

001

Type

Normal

Normal



Date

Created

2017/01/29

CWO3 KEVIN L. JONES - 46124 MOL Home Switch Identity Logout | Help

DTMS Home Document Search New Document Reports Tools Online Transaction Processing **Document View** SSN: 0260452736 TYSON, SHARONDA L. EDIPI: 1251670966 Online Transaction Detail SEQ: CGS TYPE: Make and their Date Status Result Preparer Certifier Ran LCPL KIARA SSGT CARY J. DEP CODE: W 2017/01/30 Completed BLANCO CHASE LOCNCODE: JP027 SSGT CARY J. DATE: 20170111 LCPL KIARA BLANCO CHASE AMOUNT: 160.00 ED: 20170111 Previous 1 Next History: DTMS DOCID# 5098094 1ST ARR TLA W 2 DEPNS WO C/F 1ST VISIT HOUSING 20170113 , APPROVED OHA 20170120 , FOUND AND ACCEPTED TBD, MOVE IN OHA TBD, WITH TLA DATA SHEET.

iad-p2s-02

05 Apr 2017 @ 1835

| TEMPORARY LODGING ALLOWANCE REQUEST FORM  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 1. SERVICE MEMBER IDENTIFICATION:   |  |  |  |  |  |  |  |
| Name: TYSON, SHARONDA L. Rank: GYSGT SSN: 260-45-2736   |  |  |  |  |  |  |  |
| Unit: H&S BN 3D MARDIV RUC:  300  Work Pone #:  |  |  |  |  |  |  |  |
| Arrival Date: Jan 11, 2017 RTD: Jan 10, 2020 Flight Date (dep only):  |  |  |  |  |  |  |  |
| Type of Tour: (check one) Unaccompanied Accompanied Tour Conversion   |  |  |  |  |  |  |  |
| Applicable Personnel: Spouse YES Arrival Date Jan 11, 2017 Childrens' dates of birth:   |  |  |  |  |  |  |  |
| Number of Children 01 Amval Date Jan 11, 2017 20141015  |  |  |  |  |  |  |  |
| TLA Request for MBR + DEPNS MBR Cnly Depns Only   |  |  |  |  |  |  |  |
| Does member have an Active Duty Spouse? (check one) Yes V No  |  |  |  |  |  |  |  |
| Name: Rank: SSN:  |  |  |  |  |  |  |  |
| Last, First, MI Unit: RUC: Work Pone #:   |  |  |  |  |  |  |  |
| Branch of Service (check one): USMC USN USAF USA  |  |  |  |  |  |  |  |
| 2. TLA REQUEST DATA / MEMBER'S CERTIFICATION:   |  |  |  |  |  |  |  |
| Type (check one):  Arrival Departure Renovation .Other  |  |  |  |  |  |  |  |
| History: TLA Began Jan 11, 2017 Claim #: 1ST ARRV   |  |  |  |  |  |  |  |
| Current Periods/Dates; From: Jan 11, 2017 To: Jan 20, 2017 No. of Days 10   |  |  |  |  |  |  |  |
| (Below applies to TAD and leave)  |  |  |  |  |  |  |  |
| TAD Periods: From: To: Funded or Permissive;  |  |  |  |  |  |  |  |
| Leave Periods: From: To: On-Island or Off Island  |  |  |  |  |  |  |  |
| HSG Referral Registration Date: Jan 13, 2017 HSG Referral Application Date:   |  |  |  |  |  |  |  |
| Adequate cooking Facilities Available: Yes 🗹 No   |  |  |  |  |  |  |  |
| Member's Signature: Date: Jan 26, 2017  |  |  |  |  |  |  |  |
| PENALTY STATEMENT:  There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U. S. Code, Title 18, Section 287 and 1001 and Title 31.               |  |  |  |  |  |  |  |
| Section 3729) I certify that I have read, understand and adhered to the policy as set forth in III MEF/MCIPACO 7220.1 The above information is accurate and reflects my attempt to obtain adequate housing. |  |  |  |  |  |  |  |
| 3. UNIT CERTIFICATION:  |  |  |  |  |  |  |  |
| COMRATS/BAS Start Date: BAQ W/O Dependents Start Date:  |  |  |  |  |  |  |  |
| Effective Date of Lease: Gov't QTRS Start/Stop Date:  |  |  |  |  |  |  |  |
| TLA Overlap Dates: From: To: No. of Days:   |  |  |  |  |  |  |  |
| COLA Start Date: COLA Stop Date:  |  |  |  |  |  |  |  |
| OHA Start Date: OHA Stop Date:  |  |  |  |  |  |  |  |
| I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.                                |  |  |  |  |  |  |  |
| Commander's/Designee's Signature: K.1. JONES, CWO3, OIC, PERSO, USMC Date: Jan 27, 2017   |  |  |  |  |  |  |  |
| (Type/Print Name, Rank)   |  |  |  |  |  |  |  |

ENCLOSURE (17)

### PRIVACY ACT STATEMENT

**AUTHORITY:** 

5USC 5701, 37 USC 404-427, and EO 9397

PRINCIPAL PURPOSES:

Used for reviewing, approving, accounting, and disbursing for official temporary living allowances.

SSN is used to maintain a numerical identification system for Individual claims.

**ROUTINE USES:** 

To substantiate claims for reimbursement for temporary lodging allowances.

DISCLOSURE:

Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

### SUBMISSION INSTRUCTIONS

### ARRIVAL:

Submit the following documents with your TLA request form:

- a. Completed Record of Housing Search Form (all claims).
- b. Copy of lodging receipts (all claims).
- c. Statement of nonavailability of government operated temporary lodging facilities (if applicable).
- d. Copy of local economy lease or housing agency reservation form (if applicable).
- e. Justification for TLA extension request (if applicable).

### DEPARTURE:

Submit the following documents with your TLA request form:

- a. Copy of lodging receipts (all claims).
- b. Statement of nonavailability of government operated temporary lodging facility (if applicable).
- c. AF Form 594 (Assignment/Dispossession of Government Quarters) (if applicable).
- . d. Justification for TLA extension request (if applicable).

Remarks:

"I WILL UPDATE MY BIR/RED VIA MOL"

SIGNATURE

DATE: 26 Janesony 2017

MCIPAC/III MEF DISBURSING/7220/1 (Rev. 09-12) (BACK) PREVIOUS EDITIONS ARE OBSOLETE

ADOBE 9.0

### APPENDIX C

MEMORANDUM FOR THE RECORD - ACKNOWLEDGEMENT OF TLA ENTITLEMENT CONDITIONS

I hereby acknowledge that I have been advised of and read the below conditions with regard to the entitlement to Temporary Lodging Allowance (TLA). I understand that it is my responsibility to reduce the amount of TLA required by completing all the directions listed in this order (III MEF/MCIPACO 7220.1)

- a. <u>When Payable:</u> TLA is an earned entitlement used to partially reimburse temporary lodging expenses, payable only when I meet the criteria established by this Order.
- b. When Not Payable: TLA will not be paid if at any time my situation can be described by one of the following categories:
- (I) No Real Need: If at any time I cannot provide appropriate substantiating documents proving there was a need for me and/or my family members to reside in a TLF.
- (2) Diligence: If at any time I cannot provide appropriate substantiating documents proving the delay of establishing/terminating a household was not under my control.
- (3) Personal Preference: If at any time I decline a suitable housing offer because I dislike the appearance, size, location, acceptance of pets or any other item based on personal preference.
- c. Extensions of TLA: I understand that I must submit for TLA extension as soon as I am aware of a need for one (see Chapter 1 of this Order).
  - d. My Responsibilities: I understand that I must do the following:
- (1) Register with the Housing Office within two (2) working days upon arrival.
- (2) If on base quarters are not available, aggressively seek housing on local economy with assistance from Housing Office by physically visiting housing agencies/dwellings. Reasons for denying housing, such as "too small, too far, too old, or too expensive" must be explained in detail; see Appendix D.
- (3) Submit TLA reimbursement request within three working days after each 10- day period.

Ol makeres

Date

Enclosure (1)

| TEMPORARY LODGING ALLOWANCE (TLA) DATA SHEET  THE FERROR OF 2017 011 - 2-017 012 O TLACLAIM I LST OPRY  TO STUDY TO DETERMINE THE ART PRINTED STREET WITH ENDING FLAT VOLUME TO STREET TO BE THE COST OF THE STREET TO STREET THE STREE |
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| personned to minimize the research progressive teach is something the progress of the compared to the compared |
| DISTRICTION: 300 MCD CC  DATE ARRIVED (I) DANKERY 2019  DATE ATTENDRO HOUSING BRIEF: 13 January 2017   |
| EQUINSELOR'S NAME: MISS NOW:  The local system for delivery of government for missing at the control of the con |
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| Palaky Statement:  There was severe criminal penalties for imposingly submitting articles (Sci.; our, or traudulent claim (U.S., Code, Tible 18, Section 287, and 1001)  This 31, Section 3729 Lecting that I have coor understand and adherent the policy as sector in it is mes/MCPACC77270.co. The above self-ormation is accurate and reflection vertex por country adoption busing.   |
| MEMBERI'S SIGNATURE: 2000 DATE: 3 TOGNASCHE 2000 PUBLISHER BATE: 3 TOGNASCHE 2007 PUBLISHER REPRESENTATIVE SIGNATURE: 2017 PUBLISHER DISPURSING PREVIOUS EDITIONS ARE OBSOLETE   |
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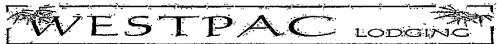
ENCLOSURE (1)



## DEPARTMENT OF THE AIR FORCE PACIFIC AIR FORCES

| MEMORANDUM FO                             | OR RESIDE OFF B.      | ASE (INBO)   | UND)       |                   |                            |
|---|-----------------------|--------------|------------|-------------------|----------------------------|
| DATE: 20-Jan-2                            | 2017                  |              |            | Catego            | ory:SR3                    |
| You have been author                      | ized to reside off-ba | ase based on | the follov | wing reason:      |                            |
| ☐ Above 98% Occupa                        | ncy Rate □ Delay      | ed Dependen  | t Travel   | □ EFMP            |                            |
| Ճ OTHER: PER MANA                         | AGEMENT AUTHOR        | IZATION      |            |                   |                            |
| NAME: TYSON, SHAR                         | RONDA L.              | RANK_        | E7         | SERVICE:          | US MARINES                 |
| The occupancy rate is                     | :%/                   | % I          | Date 11-J  | ival CEH Ve       | rification<br>ff Initials) |
| Member must secure terminated if adequate |                       |              | vable day  | s of authorized T | LA. TLA can be             |
| Member Signature                          | JB Pyo-               |              |            | ousing Manager    | eny 8017                   |
| CHAIN OF COMM                             | AND ENDORSEN          | ÆNT: (O-5    | or above   | endorsement req   | quired)                    |
| Please check one:                         | Approved              | ıı           | Disapprov  | ved               |                            |
| NAME:                                     |                       | RAN          | K:         | _DATE: _:         | 20176123                   |
| DUTY POSITION.                            | YO                    |              |            | <del></del>       |                            |
| SIGNATURE:                                |                       | _            |            | <del></del>       |                            |

This memo may contain Personal Data which must be protected IAW DoD 5400.11R and is for Official Use Only. Privacy Act of 1974 Applies (5 USC 552a)



### TIE

MGB Camp.S.D. Buder PSC 556 Box 759 FPO AP 96386-0759

TYSON, GUNNERY SGT SHARONDAL

**HQBN 3D MARDIV UNIT 35840** 

FPO, AP 96382

Room Number: F311

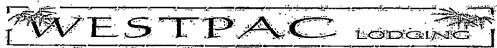
Daily Rate: 160.00

Room Type: QPS

No. of Guests: 2/1

| ARRIVAL    | DEPARTI   | JAE FOREDI   | CARDICATION   | PEPERATE PL      | AN-1 CATEG | ory Paccount |
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| 01/11/2017 | 02/18/201 | 7 XXXX X     | XXX XXXX 8773 | · PCSIN          | P1         | 40210305186  |
| DATE       | ROOM NO   | ADESCRIPTION |               | EFERENCE         |            | AMOUNT       |
| 02/11/2017 | F311      | ROOM CHARGE  | #F            | 311 TYSON, GYSGT | SHARONDA L | . \$160.00   |
| 02/12/2017 | F311      | ROOM CHARGE  | #F            | 311 TYSON, GYSGT | SHARONDA L | \$160.00     |
| 02/13/2017 | F311      | ROOM CHARGE  | #F            | 311 TYSON, GYSGT | SHARONDA L | \$160,00     |
| 02/14/2017 | F311      | ROOM CHARGE  | #F            | 311 TYSON, GYSGT | SHARONDAL  | \$160,00     |
| 02/15/2017 | F311 '    | ROOM CHARGE  | . #[          | 311 TYSON, GYSGT | SHARONDA L | \$160.00     |
| 02/16/2017 | F311      | ROOM CHARGE  | #1            | 311 TYSON, GYSGT | SHARONDAL  | \$160.00     |
| 02/18/2017 | F311      | VISA '       | " VI          | ISA              | •          | -\$960.00    |

|  | TOTAL DUE: \$0.00             |
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| Guest Signatule  | Clerk Signature 7             |
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### TLF

MGB Camp S.D. Butler PSC 556 Box 759 FPO AP 96386-0759

TYSON, GUNNERY SGT SHARONDA L

**HQBN 3D MARDIV UNIT 35840** 

FPO, AP 96382

Room Number: F311

Daily Rate: 160.00

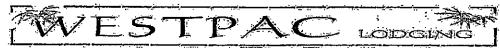
Room Type: QPS

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| 01/11/2017            | 02/18/2017                    | ZXXXX                  | XXXXXXXX 8773 | PCSIN                                       | P1                                |                                  | 10210305186   |
| DATE                  | поом но                       | DESCRIPTION            |               | REFERENCES                                  |                                   |                                  | . VAMOUNT   |
| 02/01/2017            | F311 .                        | ROOM CHARGE            | #             | F311 TYSON, GYSGT                           | SHARONDAL                         |                                  | \$160.00  |
| 02/02/2017            | F311                          | ROOM CHARGE            | · #           | F311 TYSON, GYSG                            | SHARONDA L                        |                                  | \$160.00  |
| 02/03/2017            | F311                          | ROOM CHARGE            | #             | F311 TYSON, GYSG1                           | SHARONDA L                        |                                  | \$160.00  |
| 02/04/2017            | F311 🗀                        | ROOM CHARGE            | #             | F311 TYSON, GYSG1                           | SHARONDAL                         |                                  | \$160.00  |
| 02/05/2017            | F311                          | ROOM CHARGE            | #             | F311 TYSON, GYSG                            | SHARONDA L                        |                                  | \$160.00  |
| 02/06/2017            | F311                          | ROOM CHARGE            | #             | F311 TYSON, GYSG                            | TSHARONDA L                       |                                  | \$160,00  |
| 02/07/2017            | F311                          | ROOM CHARGE            | #             | F311 TYSON, GYSG1                           | SHARONDA L                        | :                                | \$160.00  |
| 02/08/2017            | F311 ·                        | ROOM CHARGE            | #             | F311 TYSON, GYSGT                           | SHARONDA L                        | ^                                | \$160.00  |
| 02/09/2017            | F311                          | ROOM CHARGE            | #             | F311 TYSON, GYSG                            | F SHARONDA L                      | J.                               | ·\$160.00   |
| 02/10/2017            | F311                          | ROOM CHARGE            | . #           | F311 TYSON, GYSG                            | SHARONDA L                        |                                  | \$160.00  |
| 02/11/2017            | F311                          | VISA                   | 1             | /ISA  | •                                 | 셤                                | -\$1,600.00   |

|  | TOTAL DUE: \$0.00 |
|--|-------------------|
| Guest Signature                                      | Clark Signature.  |
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ENCLOSURE (17)



TLF

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| ARRIVAL    | DEPARTU    | RE GREE     | IT CARD 2 10      | A PATE          | PLANZ FCAT      | EGORYA MAGGOUNTA |
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|            |            |             |                   |                 |                 |                  |
|            | 02/15/2017 |             | XXXXX XXXX 8773   | PCSI            | N : P1          | 40210305186      |
| DATE       | ROOM NO    | DESCRIPTIO  | Niestro Programia | REFERENCE       |                 | A PART AMOUNT    |
| 01/21/2017 | F311       | ROOM CHARGE |                   | #F311 TYSON, GY | SGT SHARONDAL   | \$160.00         |
| 01/22/2017 | F311       | ROOM CHARGE | <b>:</b>          | #F311 TYSON, GY | SGT SHARONDA L  | - \$160.00       |
| 01/23/2017 | F311       | ROOM CHARGE | •                 | #F311 TYSON, GY | /SGT SHARONDA L | \$160.00         |
| 01/24/2017 | F311       | ROOM CHARGE | Ę                 | #F311 TYSON, GY | SGT SHARONDA L  | \$160.00         |
| 01/25/2017 | F311       | ROOM CHARGE |                   | #F311 TYSON, GY | /SGT SHARONDA L | \$160.00         |
| 01/26/2017 | F311       | ROOM CHARGE |                   | #F311 TYSON, GY | /SGT SHARONDA L | \$160.00         |
| 01/27/2017 | F311       | ROOM CHARGE |                   | #F311 TYSON, GY | SGT SHARONDA L  | \$160.00         |
| 01/28/2017 | F311       | ROOM CHARGE |                   | #F311 TYSON, G1 | SGT SHARONDAL   | \$160.00         |
| 01/29/2017 | F311       | ROOM CHARGE | •                 | #F311 TYSON, GY | /SGT SHARONDA L | \$160.00         |
| 01/30/2017 | F311       | ROOM CHARGE | <u> </u>          | #F311 TYSON, GY | /SGT SHARONDA L | \$180.00         |
| 01/31/2017 | F311       | ROOM CHARGE | <b>=</b>          | #F311 TYSON, GY | /SGT SHARONDA L | f \$160.00       |
| 02/01/2017 | F311       | VISA        |                   | VISA            | ī               | -\$1,760.00      |

|                 | TOTAL DUE:        | \$0.00 |
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| Guest Signature | Clerk Signature   |        |
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MISCELLANEOUS MILITARY PAY ORDER/SPECIAL PAYMENT AUTHORIZATION NAVMC 11116 (REV.5-02 DTMS)(EF) SN: 0109-LF-065-3600 U/I: PADS OF 100 DTMS Document ID: 5141067 DATE RUC 20170226 13001 ECC SSN NAME OF INDIVIDUAL (LAST, FIRST, MI) 20201107 TYSON, SHARONDA L EDIPI: 1251670966 TO DISBURSING OFFICER ADJUST THE INDIVIDUALS CREDIT DEBIT YOU ARE AUTHORIZED TO MILITARY PAY ACCOUNT FOR THE TRANSACTIONS INDICATED YOU ARE DIRECTED TO MAKE THE FOLLOWING SPECIAL PAYMENT BASED ON THE TRANSACTIONS INDICATED PAYMENTS (Requires Commending Officer's Signature) PURPOSE: EVENTS AGED 60 DAYS OR MORE PAYDAY ADJUSTMENT SEVERE HARDSHIP MEMBER'S JUMP/MMS RECORD NOT IN CENTRAL SITE SPECIAL PAYMENT ACCESSION MESSAGE ATTACHED DATE TYPED NAME/GRADE OF COMMANDING OFFICER SIGNATURE OF COMMANDING OFFICER CWO3 KEVIN L. JONES 20170226 CWO3 KEVIN L. JONES ADJUSTMENTS MONTHS ADVANCE PAY INCIDENT TO PCS ORDERS. (AUTHORIZATION) PAY " ADVANCE PAY REPAYMENT IN MONTHS ADVANCE PAY MONTHS ADVANCE AND ALLOWANCES FOR ASSIGNMENT TO A REMOTE LOCATION AND DEPLOYED ABOARD SHIP FOR MORE THAN 30 DAYS PURSUANT TO DODPM, PAR 40102. ALLOWANCES ADVANCE \_ MONTHS ADVANCE HOUSING ALLOWANCE HOUSING REPAYMENT IN \_\_ \_\_\_\_ MONTHS ALLOWANCES OTHER REQ III MEF DISBURSING TO PAY AS SPECIAL PAYMENT MBR IS REQ 2ND TLA. MBR IS ON 36 MOS ACC IPAC/TLA 645-7728. TOUR, SOURCE DOCS ATTACHED, POC IS

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Disbursing Transaction Information

Number Date TTC SEQ Reported...

**UNIT DIARY** 

Admin Transaction Information

Number Date TTC SEQ Reported...

CWO3 KEVIN L. JONES - 46124 MOL Home Switch Identity Logout | Help



DTMS Home Document Search New Document Reports Tools

### Online Transaction Processing

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| Document ID:   | 5141067      |        |                 |             |           | EDIPI: 1251670966 |                    | s                        | SN: 0260452736  |                         | TYSON, SHARONDA L                               |
| Online Transac | tion Sumr    | nary , |                 |             |           |                   |                    |                          | Online Transaction Detail   | -                       |   |
| ттс            | SEQ          | Турв   | Date<br>Created | Date<br>Ran | Status    | Result            | Preparer           | Certifier                | साटः छंद  | 8EQ:                    | TYPE: [from or ex-                              |
| 584            | 001          | Normal | 2017/02/26      | 2017/02/27  | Completed |                   | FOR YOSHIE INAMINE | 1STLT TIMOTHY J. KIMBROW | DEP CODE: W   |                         | •   |
| Showing 1 to 1 | of 1 entries |        |                 |             |           | ,                 |                    | Previous 1 Next          | LOCNCODE: JP027<br>DATE: 20170121   |                         |   |
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|                |              |        |                 |             |           |                   |                    |                          | History:<br>DTMS DOCID# 5141867<br>2ND/ARR TLA W 2 DEPNS WO<br>20170120, FOUND AND ACCEP<br>DATA SHEET. | C/F 1ST VISIT HOUSING 2 | 20170113 APPROVED OHA<br>OHA 20170217, WITH TLA |
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9.2.2

iad-p2s-02

05 Apr 2017 @ 1819

| 1. SERVICE MEMBER IDENTIFICATION: Name: TYSON STARONIDA L Lat., Frist, M Unit: H&S BN 5D MARDIV RUC: Work Pone #: 080-4184-8219  Arrival Date: Jan 11, 2017 RTD: Jan 10, 2020 Flight Date (dop only): Type of Tour: (check one) Unaccompanied Arrival Date Jan 11, 2017 Children' dates of birth: Number of Children 01 Arrival Date Jan 11, 2017 TLA Request for MBR + DEPNS MBR Only Depns Only  Does member have an Active Duty Spouse? (check one) Unit: RUC: Work Pone #: Branch of Service (check one): USMC USN USAF USAF Unit: RUC: Work Pone #:  Branch of Service (check one): USMC USN USAF USAF Unit: RUC: Work Pone #:  Branch of Service (check one): USMC USN USAF USAF Unit: RUC: Work Pone #:  Branch of Service (check one): To In Jan 21, 2017 Claim #: 2ND ARRV (Gote)  Current Periodol/Dates: From: Jan 21, 2017 Claim #: 2ND ARRV (Gote)  TAD Periods: From: To: From Jan 21, 2017 Adequate cooking Facilities Availabries: Yes Service (check one): Jan 13, 2017  Adequate cooking Facilities Availabries: Yes Service Construction of Service Constru | TEMPORARY LODGING ALLOWANCE REQUEST FORM                           |  |   |  |  |  |  |  |
|--|--|--|---|--|--|--|--|--|
| Last, First, Mr Unit: H&S SN5D MARDIV RUC: Work Pone #: 080-4184-8219  Arrival Date: Ian 11, 2017 RTD: Jan 10, 2020 Flight Date (dep only): Type of Tour: (check one)  | 1. SERVICE MEMBER IDENTIFICATION:                                  | •  |   |  |  |  |  |  |
| Unit: H&S BN 3D, MARDIV RUC: Work Pone #: 080-4184-8219  Antival Date: Jac 11, 2017 RTD: Jan 10, 2020 Flight Date (dep only):  Type of Tour: (check one) Unsocompanied Applicable Personnel: Spouse YES Arrival Date Jan 11, 2017 Children' dates of birth:  Number of Children 01 Arrival Date Jan 11, 2017 Children' dates of birth:  Number of Children 01 Arrival Date Jan 11, 2017 20141015  TLA Request for MBR + DEPNS MBR Only Depns Only  Does member have an Active Duty Spouse? (check one) Yes No  Name: Rank: SSN:  Last First, MI  Unit: RUC: Work Pone #:  Branch of Service (check one): USMC USN USAF USA  2. TLA REQUEST DATA/ MEMBER'S CERTIFICATION:  Type (check one): Arrival Departure Renovation Other  History: TLA Began Jan 11, 2017 Claim #: 2ND ARRV  (Cate)  Current Periods/Dates: From: Jan 21, 2017 To: Jan 30, 2017 No. of Days 10  (Below applies to TAD and Jeave)  TAD Periods: From: To: Funded or Permissive: Ch-Island or Off Island  History: Adequate cooking Facilities Avails/MET Yes No  Member's Signature: Periods/Date: From: To: Funded or Permissive: Ch-Island or Off Island  Adequate cooking Facilities Avails/MET Yes No  Member's Signature: Period Cooking Facilities and the period of the policy as set tools in it METAM/OPACO 7226.1 The above sixtemetics is at accustic and release of the policy as set tools in it METAM/OPACO 7226.1 The above sixtemetics is at accustic and Title 31, Section 2015. The above sixtemetics is at accustic and Indicated COIA Story Date:  TLA Overlap Dates: From: To: No. of Days:  COLA Start Date: COLA Story Date: OHA Story Date:  OHA Start Date: OHA Story Date: OHA Story Date:  OHA Start Date: OHA Story Date: OHA Story Date:  OHA Start Date: OHA Story Date: OHA Story Date:  OHA Story Date: OHA Story Date: OHA Story Date:  OHA Story Date: OHA Story Date: OHA Story Date:  OHA Story Date: OHA Story Date: OHA Story Date:  OHA Story Date: OHA Story Date: OHA Story Date:  OHA Story Date: OHA Story Date: OHA Story Date:  OHA Story Date: OHA Story Date: OHA Story Date:  OHA Story Date: OHA Story D |  | Rank: GYSGT                                  | SSN: 260-45-2736  |  |  |  |  |  |
| Type of Tour: (check one) Unaccompanied  |  | RUC:   | Work Pone #: 080-4184-8219  |  |  |  |  |  |
| Applicable Personnel: Spouse YES   | Arrival Date: Jan 11, 2017 RTD: Jan                                | 10, 2020 Flight D                            | ate (dep only):   |  |  |  |  |  |
| Number of Children 01 Arrival Date Jan 11, 2017 20141015  TLA Request for  | Type of Tour: (check one) Unaccompanied                            | Accompanied To                               | ur Conversion   |  |  |  |  |  |
| Does member have an Active Duty Spouse? (check one)  | Applicable Personnel: Spouse YES                                   | Arrival Date Jan 11, 2017                    | _ Childrens' dates of birth:  |  |  |  |  |  |
| Does member have an Active Duty Spouse? (check one)  | Number of Children 01  | Arrival Date Jan 11, 2017                    | 20141015  |  |  |  |  |  |
| Name: Rank: SSN:  Last, First, MI  Unit: RUC: Work Pone #:  Branch of Service (check ane): USMC USN USAF USA  2. TLA REQUEST DATA / MEMBER'S CERTIFICATION:  Type (check one): Arrival Departure Renovation Other  History: TLA Began Jan 11, 2017 Claim #: 2ND ARRV  (Date)  Current Periods/Dates: From: Jan 21, 2017 To: Jan 30, 2017 No. of Days 10  (Below applies to TAD and leave)  TAD Periods: From: To: Funded or Permissive;  Cn-Island or Off Island  HSG Referral Registration Date: Jan 13, 2017 HSG Referral Application Date:  Adequate cooking Facilities Available: Yes No  Member's Signature: Date: FEB 22, 2017  There are severe criminal and civil penalties fix knywingly submitting a false, fetibous, or frauditient claim (U. S. Code, Title 18, Section 287 and 1001 and Title 31, Section 3729) Locrify that I have med, understand and adhered to the policy as set forth in III MEF/MCIPACO 7220.1 The above information is accurate and reflects my attempt to obtain adequate housing.  3. UNIT CERTIFICATION:  COMRATS/BAS Start Date: BAQ W/O Dependents Start Date:  Effective Date of Lease: Gov1 QTRS Start/Stop Date:  TLA Overlap Dates: From: To: No. of Days:  COLA Start Date: COLA Start Date: COLA Start Date: OHA Start Date:  Hove reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.  | TLA Request for MBR + DEPNS MB                                     | R Only Depns Only                            |   |  |  |  |  |  |
| Last, First, MI  Unit:  Branch of Service (check one):  USMC  USN  USAF  USA  2. TLA REQUEST DATA / MEMBER'S CERTIFICATION: Type (check one):  Yearival  Departure  Renovation  Other  History:  TLA Began  Jan 11, 2017  Claim #: 2ND ARRV  (Oate)  Current Periods/Dates:  From:  Jan 21, 2017  To:  Jan 30, 2017  No. of Days 10  (Below applies to TAD and leave)  TAD Periods:  From:  To:  HSG Referral Registration Date:  Jan 13, 2017  HSG Referral Application Date:  Adequate cooking Facilities Available:  Yes  No  Member's Signature:  Date:  FEB 22, 2017  PENALTY STATEMENT:  There are severe criminal and drill penalties fix knykingly submitting a false, fictilious, or frauded and tain (U. S. Code, Title 18, Section, 287 and 1001 and Title 31, section 3729) I certify that I have read, undertex stand and adhered to the policy as set forth in III MEFMCIPACO 7220.1 The above information is accurate and reflects my attempt to obtain adequate housing.  3. UNIT CERTIFICATION:  COMRATS/BAS Start Date:  Effective Date of Lease:  Govt QTRS Start/Stop Date:  TLA Overfap Dates: From:  To:  No. of Days:  COLA Start Date:  OHA Star | Does member have an Active Duty Spouse? (check one)                | Yes 🗸 No                                     |   |  |  |  |  |  |
| Unit: RUC: Work Pone #:  Branch of Service (check one): USMC USN USAF USA  2. TLA REQUEST DATA / MEMBER'S CERTIFICATION:  Type (check one): Arrival Departure Renovation Other  History: TLA Began Jan 11, 2017 Claim #: 2ND ARRV  (Oate)  Current Periods/Dates: From: Jan 21, 2017 To: Jan 30, 2017 No. of Days 10  (Below applies to TAD and leave)  TAD Periods: From: To: Funded or Permissive; On-Island or Off Island  HSG Referral Registration Date: Jan 13, 2017 HSG Referral Application Date:  Adequate cooking Facilities AvailsMET Yes No  Membar's Signature: Date: FEB 22, ,2017  PENALTY STATEMENT:  There are severe criminal and civil penalties for targingly submitting a fails, full/bous, or fraudulent claim (U. S. Code, Tible 18, Section 287 and 1001 and Title 31, section 3729) I certify that I have mad, understand and adhered to the policy as set forth is it it MEF/MCIPACO 7220.1 The above information is accurate and reflects my attempt to obtain adequate housing.  3. UNIT CERTIFICATION:  COMRATS/BAS Start Date: BAQ W/O Dependents Start Date:  Effective Date of Lease: Gov! QTRS Start/Stop Date:  TLA Overlap Dates: From: To: No. of Days:  COLA Start Date: OHA Start Date:  OHA Start Date: OHA Start Date:  OHA Start Date: OHA Start Date: OHA Start Date:  I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.  | · · · · · · · · · · · · · · · · · · ·                              | Rank:  | SSN:  |  |  |  |  |  |
| 2. TLA REQUEST DATA / MEMBER'S CERTIFICATION:  Type (check one):   | , ,  | RUC:   | Work Ропе #:  |  |  |  |  |  |
| Type (check one):  | Branch of Service (check one): USMC                                | USN USAF                                     | USA   |  |  |  |  |  |
| History: TLA Began Jan 11, 2017 Claim #: 2ND ARRV  Current Periods/Dates: From: Jan 21, 2017 To: Jan 30, 2017 No. of Days 10  (Below applies to TAD and leave)  TAD Periods: From: To: Funded or Permissive; Cn-Island or Off Island  HSG Referral Registration Date: Jan 13, 2017 HSG Referral Application Date:  Adequate cooking Facilities Available: Yes No  Membar's Signature: Date: FEB 22, 2017  PENALTY STATEMENT:  There are severe criminal and civil penalties for knowingly submitting a false, fictibous, or fraudulent claim (U. S. Code, Title 18, Section 287 and 1001 and Title 31, Section 3725) I certify that I have read, understand and adhered to the policy as set forth in III MEF/MCIPACO 7220.1 The above information is accurate and reflects my attempt to obtain adequate housing.  3. UNIT CERTIFICATION:  COMRATS/BAS Start Date: BAQ W/O Dependents Start Date:  Effective Date of Lease: Govt QTRS Start/Stop Date:  TLA Overlap Dates: From: To: No. of Days:  COLA Start Date: OHA Stop Date:  OHA Stop Date:  I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.  | 2. TLA REQUEST DATA / MEMBER'S CERTIFICATION:                      |  |   |  |  |  |  |  |
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| Current Periods/Dates: From: Jan 21, 2017 To: Jan 30, 2017 No. of Days 10  (Below applies to TAD and leave)  TAD Periods: From: To: Funded or Permissive; Con-Island or Off Island  HSG Referral Registration Date: Jan 13, 2017 HSG Referral Application Date:  Adequate cooking Facilities Available: Yes No  Member's Signature: Date: FEB 22, 2017  PENALTY STATEMENT:  There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U. S. Code, Title 18, Section 287 and 1001 and Title 31, Section 3729). I certify that I have read, understand and adhered to the policy as set forth in III MEF/MCIPACO 7220.1 The above Information is accurate and reflects my stempt to obtain adequate housing.  3. UNIT CERTIFICATION:  COMRATS/BAS Start Date: BAQ W/O Dependents Start Date:  Effective Date of Lease: Gov't QTRS Start/Stop Date:  TLA Overlap Dates: From: To: No. of Days:  COLA Start Date: OHA Stort Date:  OHA Start Date: OHA Stort Date:  OHA Stort Date: OHA Stort Date:  I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.   |  | Claim #. 2ND ARRV                            | <del></del>   |  |  |  |  |  |
| TAD Periods: From: To: Funded or Permissive; On-Island or Off Island  HSG Referral Registration Date: Jan 13, 2017 HSG Referral Application Date:  Adequate cooking Facilities Available: Yes No  Member's Signature: Date: FEB 22 ,2017  PENALTY STATEMENT: There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U. S. Code, Title 18, Section 287 and 1001 and Title 31, Section 3729) I certify that I have read, understand and adhered to the policy as set forth in III MEF/MCIPACO 7220.1 The above information is accurate and reflects my attempt to obtain adequate housing.  3. UNIT CERTIFICATION:  COMRATS/BAS Start Date: BAQ W/O Dependents Start Date:  Effective Date of Lease: Gov't QTRS Start/Stop Date:  TLA Overlap Dates: From: To: No. of Days:  COLA Start Date: OHA Start Date: OHA Stop Date:  I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.   |  | To: Jan 30, 2017                             | . No. of Days 10  |  |  |  |  |  |
| Leave Periods: From:  To:  On-Island or Off Island  HSG Referral Registration Date:  Adequate cooking Facilities Availabre:  Yes  No  Member's Signature:  Date: FEB 22 , 2017  PENALTY STATEMENT:  There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U. S. Code, Title 18, Section 287 and 1001 and Title 31, Section 3729) I certify that I have read, understand and adhered to the policy as set forth in III MEF/MCIPACO 7220.1 The above information is accurate and reflects my attempt to obtain adequate housing.  3. UNIT CERTIFICATION:  COMRATS/BAS Start Date:  Effective Date of Lease:  Gov't QTRS Start/Stop Date:  TLA Overlap Dates: From:  To:  No. of Days:  COLA Start Date:  OHA Start Date:  OHA Stop Date:  I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.  | (Below applies to TAD and leave)                                   |  |   |  |  |  |  |  |
| HSG Referral Registration Date: Jan 13, 2017 HSG Referral Application Date:  Adequate cooking Facilities Available: Yes No  Member's Signature: Date: FEB 22, 2017  PENALTY STATEMENT: There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U. S. Code, Title 18, Section 287 and 1001 and Title 31, Section 3729) I certify that I have read, understand and adhered to the policy as set forth in III MEF/MCIPACO 7220,1 The above information is accurate and reflects my attempt to obtain adequate housing.  3. UNIT CERTIFICATION:  COMRATS/BAS Start Date: BAQ W/O Dependents Start Date:  Effective Date of Lease: Govt QTRS Start/Stop Date:  TLA Overlap Dates: From: To: No. of Days:  COLA Start Date: OHA Start Date:  OHA Start Date: OHA Stop Date:  I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.   | TAD Periods: From: T   | o:   |   |  |  |  |  |  |
| Adequate cooking Facilities Available:    Yes   V   No   | Leave Periods: From: T   | o:   | On-Island or Off Island   |  |  |  |  |  |
| Member's Signature:  Date: FEB 22, ,2017  PENALTY STATEMENT:  There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U. S. Code, Title 18, Section 287 and 1001 and Title 31, Section 3729) I certify that I have read, understand and adhered to the policy as set forth in III MEF/MCIPACO 7220.1 The above information is accurate and reflects my attempt to obtain adequate housing.  3. UNIT CERTIFICATION:  COMRATS/BAS Start Date:  Effective Date of Lease:  Gov't QTRS Start/Stop Date:  TLA Overlap Dates: From:  To:  No. of Days:  COLA Start Date:  OHA Start Date:  OHA Stop Date:  I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.  | HSG Referral Registration Date: Jan 13, 2017                       | HSG Referral Application Da                  | te;   |  |  |  |  |  |
| PENALTY STATEMENT:  There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U. S. Code, Title 18, Section 287 and 1001 and Title 31, Section 3729) I certify that I have read, understand and adhered to the policy as set forth in III MEF/MCIPACO 7220.1 The above information is accurate and reflects my attempt to obtain adequate housing.  3. UNIT CERTIFICATION:  COMRATS/BAS Start Date:  Effective Date of Lease:  Gov't QTRS Start/Stop Date:  TLA Overlap Dates: From:  To:  No. of Days:  COLA Start Date:  OHA Start Date:  OHA Stop Date:  I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.  | Adequate cooking Facilities Available: Yes                         | <b></b> No                                   |   |  |  |  |  |  |
| There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U. S. Code, Title 18, Section 287 and 1001 and Title 31, Section 3729) I certify that I have read, understand and adhered to the policy as set forth in III MEF/MCIPACO 7220,1 The above information is accurate and reflects my ettempt to obtain adequate housing.  3. UNIT CERTIFICATION:  COMRATS/BAS Start Date:  Effective Date of Lease:  Gov't QTRS Start/Stop Date:  TLA Overlap Dates: From:  To:  No. of Days:  COLA Start Date:  OHA Start Date:  OHA Stop Date:  I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.  | Member's Signature:  | Date:  | FEB 🞝 2. ,2017  |  |  |  |  |  |
| COMRATS/BAS Start Date:  Effective Date of Lease:  Gov't QTRS Start/Stop Date:  TLA Overlap Dates: From:  COLA Start Date:  COLA Start Date:  OHA Start Date:  OHA Stop Date:  I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.  | Section 3729) I certify that I have read, understand and adhered t | ing a false, fictitious, or fraudulent claim | (U. S. Code, Title 18, Section 287 and 1001 and Title 31,<br>ACO 7220,1 The above information is accurate and |  |  |  |  |  |
| Effective Date of Lease:  TLA Overlap Dates: From:  COLA Start Date:  OHA Start Date:  OHA Stop Date:  I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.  | 3. UNIT CERTIFICATION:   |  | •   |  |  |  |  |  |
| TLA Overlap Dates: From:  COLA Start Date:  COLA Stop Date:  OHA Start Date:  OHA Stop Date:  I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.   | COMRATS/BAS Start Date:  | BAQ W/O Dependents Start Da                  | te:   |  |  |  |  |  |
| COLA Start Date:  OHA Start Date:  OHA Stop Date:  I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.  | Effective Date of Lease:   | Govt QTRS Start/Stop Da                      | te:   |  |  |  |  |  |
| OHA Start Date:  OHA Stop Date:  I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.  | TLA Overlap Dates: From:   | То:  | No. of Days:  |  |  |  |  |  |
| I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.   | COLA Start Date:   | COLA Stop Date:                              |   |  |  |  |  |  |
| corrective measures,   | OHA Start Date:  | OHA Stop Date:                               |   |  |  |  |  |  |
| Commander's/Designee's Signature; K. L.JONES, CWO3, OIC, PERSO, USMC Date: FEB 22 2017   |  | n is attached. I have counseled the mer      | nber regarding any claim shortfalls and necessary   |  |  |  |  |  |
| (Type/Print Name, Rank)  |  |  | Date: FEB 22 2017   |  |  |  |  |  |

ENCLOSURE (1)

### PRIVACY ACT STATEMENT

AUTHORITY:

5USC 5701, 37 USC 404-427, and EO 9397

PRINCIPAL PURPOSES:

Used for reviewing, approving, accounting, and disbursing for official temporary living allowances.

SSN is used to maintain a numerical identification system for individual claims.

ROUTINE USES:

To substantiate claims for reimbursement for temporary lodging allowances,

DISCLOSURE:

Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

### SUBMISSION INSTRUCTIONS

### ARRIVAL:

Submit the following documents with your TLA request form:

- a. Completed Record of Housing Search Form (all claims).
- b. Copy of lodging receipts (all claims).
- c. Statement of nonavallability of government operated temporary lodging facilities (if applicable).
- d. Copy of local economy lease or housing agency reservation form (if applicable).
- e. Justification for TLA extension request (if applicable).

### DEPARTURE:

Submit the following documents with your TLA request form:

- a. Copy of lodging receipts (all claims).
- b. Statement of nonavailability of government operated temporary lodging facility (if applicable).
- c. AF Form 594 (Assignment/Dispossession of Government Quarters) (if applicable).
- .d. Justification for TLA extension request (if applicable).

Remarks:

"I WILL UPDATE MY BIR/RED VIA MOL"

SIGNATURE:

DATE: 26 January 2017

MCIPAC/III MEF DISBURSING/7220/1 (Rev. 09-12) (BACK) PREVIOUS EDITIONS ARE OBSOLETE

ADOBE 9.0

#### APPENDIX C

MEMORANDUM FOR THE RECORD - ACKNOWLEDGEMENT OF TLA ENTITLEMENT CONDITIONS

I hereby acknowledge that I have been advised of and read the below conditions with regard to the entitlement to Temporary Lodging Allowance (TLA). I understand that it is my responsibility to reduce the amount of TLA required by completing all the directions listed in this order (III MEF/MCIPACO 7220.1)

- a. <u>When Payable:</u> TLA is an earned entitlement used to partially reimburse temporary lodging expenses, payable only when I meet the criteria established by this Order.
- b. When Not Payable: TLA will not be paid if at any time my situation can be described by one of the following categories:
- (1) No Real Need: If at any time I cannot provide appropriate substantiating documents proving there was a need for me and/or my family members to reside in a TLF.
- (2) Diligence: If at any time I cannot provide appropriate substantiating documents proving the delay of establishing/terminating a household was not under my control.
- (3) Personal Preference: If at any time I decline a suitable housing offer because I dislike the appearance, size, location, acceptance of pets or any other item based on personal preference.
- c. Extensions of TLA: I understand that I must submit for TLA extension as soon as I am aware of a need for one (see Chapter 1 of this Order).
  - d. My Responsibilities: I understand that I must do the following:
- (1) Register with the Housing Office within two (2) working days upon arrival.
- (2) If on base quarters are not available, aggressively seek housing on local economy with assistance from Housing Office by physically visiting housing agencies/dwellings. Reasons for denying housing, such as "too small, too far, too old, or too expensive" must be explained in detail; see Appendix D.
- (3) Submit TLA reimbursement request within three working days after each 10- day period.

Signature

Date

Enclosure (1)

| TEMPORARY LODGING ALLO   | WANCE (TLA), DATA SHEET  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| FOR THE PERIOD OF 20170121/20170216 TLA CLAIM# 200/3 0 14F   |  |  |  |  |  |  |  |  |
| agency must be annotated with justification regarding reason for refusal.  | n order to be processed for TLA and maintain an entitlement for continued TLA, you must maintain a housing search record. Every address/ sgency must be annotated with justification regarding reason for refusal. You are required to check all addresses that are within your rental selling. If requirements are not being met and an aggressive search is not maintained. TLA will be terminated.  |  |  |  |  |  |  |  |
| NAME: Sharonda L.  | usan   |  |  |  |  |  |  |  |
| DUTY PHONE: 000-4184   | -6219  |  |  |  |  |  |  |  |
| ORGANIZATION: MCI PAC  | <u> </u>   |  |  |  |  |  |  |  |
| DATE ARRIVED: 11 January   | ) 20n  |  |  |  |  |  |  |  |
| DATE ATTENDED HOUSING BRIEF:   | ·  |  |  |  |  |  |  |  |
| COUNSELOR'S NAME: MS. 7  | DKO .  |  |  |  |  |  |  |  |
| 1, Sharonda Littles , located housing on ;   | 305017 and accepted on 305017. I will move   |  |  |  |  |  |  |  |
| to on-base loff-base quarters at 27 53-252 Zekini  | Yemiter on 17 Feb 17.  |  |  |  |  |  |  |  |
| (CIRCLE ONE) ADDRESS   |  |  |  |  |  |  |  |  |
| The first available date for delivery of government furnishings is furniture is available for delivery, provided the housing unit is real  | Me 1 1. TLA will stop on the date government   |  |  |  |  |  |  |  |
| <u> </u>   | A Part of the state of the stat |  |  |  |  |  |  |  |
| DATE OF VISIT ADDRESS  | AGENCY NAME REASON NOT ACCEPTED  |  |  |  |  |  |  |  |
| 1/23/2017 KANGLE NAKON HOLCO KNOWN   | OVER OHA CAN YOUR DO   |  |  |  |  |  |  |  |
| 1/26/2019 (218-3 Koja Otinaun - City Es  | 5th IN LEASING   |  |  |  |  |  |  |  |
| 1/3/11 3-33-35 Minamitobary OK   | AMERICAN MASTA IN I GASING   |  |  |  |  |  |  |  |
| 1/24/17 88-8 Meter meter Newsparley  | TOTAL MILETENIA  |  |  |  |  |  |  |  |
| 1/27/17 Arcki Hase 2-11-0 Kaino Skyrong  | and ILL LEASING  |  |  |  |  |  |  |  |
| 12017 Byl- GKanidi vomo City   | Sim in Lusing  |  |  |  |  |  |  |  |
| 1/27/17 274 UZC Yarmban  | De dia la serie  |  |  |  |  |  |  |  |
| 1/25/17 Liese Nouse (TARYS)  | Page De Children In Lac Street   |  |  |  |  |  |  |  |
| 1/30/17 76-2 High Yon WAREICIAL PUT  | STATE OF LACE COMPANY  |  |  |  |  |  |  |  |
| 1/34/7 1395-117 Sole Yoursen 9   | Imperio illifully y  |  |  |  |  |  |  |  |
| 1/20/17 2753-202 Zatimi Works  | Garage Maria   |  |  |  |  |  |  |  |
| 2/2/17 By sobe worton  | Shin 110sing   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | and in lensing.  |  |  |  |  |  |  |  |
| 1/27/1 27/7-38 Zalam Ginitar   | SRD In leasing   |  |  |  |  |  |  |  |
| 1/24/17 3-21-5 ISO Givouso City  | 3rd in leasing   |  |  |  |  |  |  |  |
| Penalty Si There are severe criminal penalties for knowingly submitting a false, fict Title 31, Section 3729. I certify that I have read, understand and adhere information is accurate and reflects my attempt to obtain adequate hou | to the policy as set forth in ill MEF/MCIPACO 7220.1A. The above   |  |  |  |  |  |  |  |
| MEMBER'S SIGNATURE:  | DATE: 13 Feb 2017  |  |  |  |  |  |  |  |
| HOUSING REPRESENTATIVE SIGNATURE:  | 1251 200   |  |  |  |  |  |  |  |

ENCLOSURE (1)

| INDIVIDUAL OVERSEAS HOUSING ALLOWA   |                          |   |  |                    |   | NCE       |                                    | INTE             | ERAGENCY REPOI<br>0374-I                             |                              |   | BER                    |
|--|--------------------------|---|--|--------------------|---|-----------|------------------------------------|------------------|--|------------------------------|---|------------------------|
| (OHA) REPORT  Before completing, read Privacy Act Statement and Warning on |                          |   |  |                    |   |           | ena alda                           |                  | REPORT CON   |                              |   |                        |
|  | Bet                      | ore completing, re                              |  |                    |   |           |                                    |                  | DD-P&R   | (AR)16                       | 597                                       |                        |
|  |                          |   | PART A -   | IDEN               | TIFICATION A                            | AD H      | OUSING INFO                        | RMA              | THON<br>IDENCE ADDRESS                               | /Street                      | Ant No. Cit                               |                        |
|  |                          | MEMBER<br>est, First, Middle Initi              | · · · · · · · · · · · · · · · · · · ·            |                    |   | Co.       | <sub>untry)</sub> SEA LAKE (       | G-8              |  | Consec                       | , r.pt. 110., 0.,                         | "                      |
|  |                          | ARONDA L.                                       |  |                    |   |           | . 2753-282                         | ZAKIN            | MI, YOMITAN  |                              |   | . 51                   |
| b. PA  | Y GRA                    | DE<br>-7/MC                                     | c. SSN   | 60-45              | -2736                                   |           |                                    |                  | ASE/RENTAL/SALE<br>7 ( PASS INSP : 2                 |                              |   |                        |
| d, Dl  | TY ST                    | ATION OR HOME                                   | PORT   |                    |   | 5. IN     | WHAT CURREN                        | CY IS            | YOUR RENT OR N                                       | /ORTG                        | AGE PAID?                                 | (X one)                |
|  | ation N                  |   |  |                    |   | (Se       |                                    |                  | If you pay rent three or                             |                              |   |                        |
|  |                          | E DIVISION / CA                                 | MP FOSTER  |                    |   | ×         |                                    |                  | (Specify name of curr                                | ency. Re <sub>i</sub><br>YEN |   | tem 6.)                |
| (2) Ci<br>OKIN   |                          |   |  |                    |   | 6. X      | b. U.S. DOLLAR                     |                  | X TO INDICATE V                                      |                              |   |                        |
|  | untry                    | ·   | (4) Duty Ph                                      | one                |   | RI        | ESIDENCE IS LEA                    | SED C            | OR OWNED AND O<br>HE PURCHASE PR                     | SIVE TH                      | HE MONTHL                                 | NCY                    |
|  | -                        | JAPAN   |  | 645-3              |   |           | OU SPECIFIED IN                    |                  |  | 10L <u>III</u>               | THE OUTLE                                 |                        |
| 2. Al  | RE YOU<br>DUSING<br>SEWH | JENTITLED TO A<br>GALLOWANCE FO<br>ERE? (X one) | COST-OF-LIVING<br>OR DEPENDENTS                  | OR C               | VERSEAS<br>DING                         | X         | a. LEASED/REN<br>TOTAL rent, no    |                  | (Enter monthly rent b<br>share.)                     | elow. II<br>¥ 230            |   | rt                     |
|  |                          | Specify location)                               |  |                    |   |           |                                    |                  | inal purchase price. I                               | nclude d                     | only cost of ho                           | тө,                    |
| ×  | NO or                    | NOT APPLICABL                                   |  |                    |   |           |                                    |                  | its, taxes, etc.)                                    |                              |   |                        |
|  |                          |   |  |                    | KIP QUESTION 7                          | AND G     | O DETERMINE 15                     | QUES             | <i>TION 8.</i><br>ARE A "SHARER"                     | EOR H                        | IOUSING AL                                | I OW-                  |
| 7. 6   |                          | S (Excluding telephon<br>EPARATELY PAY          |  |                    | ONE ADE IN                              | Α         | NCE PURPOSES.                      | ENTE             | R AN X IN THE BO                                     | TA XC                        | LEFT FOR E.                               | ACH I                  |
| lΧ   |                          | UDED IN RENTAL                                  |  |                    |   | l F       | ACH CATEGORY                       | YOU              | UAL OCCUPYING<br>X, ENTER THE NU                     | IMBER                        | REQUESTEL                                 | ) IN I                 |
| <del> ``</del>   | b. 1 D                   | O NOT SEPARAT                                   | ELY PAY FOR AN                                   | IY UTII            | LITIES (excluding                       | l T       | HE BOX AT RIGH<br>HE BOTTOM. ///   | IT, TH<br>OTE: E | EN RECORD THE  | TOTAL<br>ents unk            | . IN THE BOX<br>less covered by           | KAT                    |
| 1  | tele                     | phone). ALL UTILI                               | ITIES ARE INCLU                                  | DED II             |   | C         | ategory c.)                        |                  |  |                              |   | ,                      |
|  |                          | REEMENT AND P                                   |  |                    |   | X         | a. MYSELF                          |                  |  | 451406                       | -D (- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                        |
| 1  | c. IS                    | EPARATELY PAY<br>ID SOME ARE INC                | FOR <u>SOME</u> UTIL<br>CLUDED IN RENT           | ITIES (<br>AL/LE/  | (excluding telephone)<br>ASE AGREEMENT  |           | b. SPOUSE WE                       | OTHE             | ALSO A SERVICE                                       | HO IS                        | A FEDERAL                                 | $\vdash$               |
|  | WI                       | TH LANDLORD. ities/services of which            | (Complete items (1)                              | l <i>- (5) be</i>  | elow indicating                         |           | CIVILIAN EN                        | VPLOY            | R DEPENDENT W<br>YEE ENTITLED TO<br>WANCE (Enter num | ĽÍVÍŇO<br>sbed               | 3   |                        |
|  | uco                      | (1) Electricity                                 | ch your landiard pro                             | vides ui           | ie WAJORITI,                            |           |                                    |                  | <del></del>  |                              | A HOUSING                                 | $\vdash \vdash \vdash$ |
|  |                          | (2) Heating GAS                                 | ···  |                    |   | i         |                                    |                  | MEMBERS ENTITLE<br>ter number)                       |                              |   |                        |
|  |                          |   | ing (X if window u                               | its used           | d and landlord                          |           | e. EXCLUDING                       | DEPE             | NDENTS, ANY OT<br>WHO PAY A POI<br>SE, AND/OR UTILIT | THERS<br>RTION               | NOT<br>OF THE                             |                        |
|  |                          | provides electri                                | icity.)  |                    |   | ļ         |                                    |                  |  |                              |   | igsquare               |
|  |                          | (4) Water or Sev                                |  |                    |   | TOT       | AL (8a through e) (i<br>"sharer".) | if result        | t exceeds "1", you a                                 | r <del>e</del> consid        | dered a                                   | 1                      |
|  | D/1-                     | (5) Trash Dispos                                | al   | full no            | ma(e) Sacial Sacr                       | rity M:   |                                    | nch of           | Service in "Rema                                     | rks" or                      | reverse.                                  | <del></del>            |
| 9. (1  | Block                    | 8.D. Or e.u. is ma                              | rkeu, report trien                               | tun ma             | PART B - CEI                            |           |                                    |                  |  |                              |   | $\neg$                 |
| 10.9   | EDVIC                    | EMEMBER. I cert                                 | lify that  |                    |   |           |                                    | R or /           | APPROPRIATE OF                                       | FICIAL.                      |   |                        |
| l a.   | The inf                  | ormation I have re                              | eported is true ar                               | d corre            | ect.                                    |           | l have reviewed a                  | ind ve           | rified the member                                    | 's lease                     | e/rental/sale                             |                        |
| b,   | l will in                | nmediately inform                               | my commanding                                    | office             | er if any changes                       |           | -                                  |                  | tion from it was p                                   |                              |   |                        |
| _  | Occur i                  | to the information tached copy of m             | i i nave reporteo.<br>V housina lease <i>i</i> r | ental/s:           | ale agreement                           |           |                                    |                  | S PAYMENT AUTI                                       | HORIZE                       | D? (X one)                                |                        |
| Į.   | (or cer                  | tification from lan                             | idlord) is true and                              | correc             | ct, if applicable.                      |           | (1) Yes<br>/es, entitlement is     |                  | (2) No. X (a) Initial                                | T -                          | (b) Subsequ                               | uent                   |
| đ.   | l have                   | read the overseas<br>ed by my commar            | housing allowar                                  | ce bric<br>1 repre | efing sheet<br>sentative if             |           | ŞIGNATURE                          | 3                | 7 (6) 111001   | J                            | c. DATE SI                                |                        |
| 1  | applica                  |   | ilder of additionizes                            | a repre            | sericative, ii                          |           |                                    | _                |  | )                            | CYYYYM                                    |                        |
| e. :   | IGNAT                    |   |  |                    | f. DATE SIGNED                          | 1 /       | /Iam                               |                  |  |                              | _ 2017-Fe                                 | b-10                   |
| (YYYYMMDD)   |                          |   |  | d.                 | TITLE                                   | ) A FT' 1 | 4 346841 TOBAISA                   | (ADI             |  |                              |   |                        |
| 12. CERTIFYING OFFICIAL. I have reviewed this action and certify the       |                          |   |  |                    |   |           |                                    | -4, MAMI TOMIM   |  |                              |   |                        |
| 12.  | CERTIF                   | YING OFFICIAL.<br>g allowance briefii           | I have reviewed<br>ng sheet and is a             | this ac<br>ware o  | tion and certify the firsther entitleme | nts an    | d responsibility to                | repor            | rt any changes.                                      |                              | s read the ov                             | rerseas                |
|  |                          | OUSING ALLOW                                    |  |                    |   | b. I      | VIHA/MISCELLAN                     | VEOUS            | S ENTITLEMENT (                                      | X one)                       | 140.00                                    | ·                      |
| X (1) Start (3) Stop (5) *Cancel   |                          |   |  |                    | (1) Initial                             | 05.44     | (2) Subsequent<br>CTION (YYYYMMD)  | <u> </u>         | (3) None   |                              |   |                        |
|  | (2) C                    | hange   | (4) Correct                                      | <u> </u>           | (6) *Report                             | -1        |                                    | Or Al            | CHON (TTTHIMD)                                       | u)                           |   |                        |
| -  | DOES!                    | MEMBED HAVE A                                   | OMMAND-SDOM                                      |                    | Air Farce use only DEPENDENTS IN        |           | OF PERMANENT                       | DUT              | X KNOITATS Y   | (1) Y                        |   | 2) No                  |
|  | SIGNA                    |   | OMINIVIAD-SEOK                                   | JONEL              | f. TITLE                                |           |                                    |                  |  | g. D                         | ATE SIGNED                                |                        |
| "  |                          |   |  |                    | Pers                                    | υ         |                                    |                  |  |                              | MYYMMDD)<br>MYOZZ                         | 2                      |
|  | 1                        | 1 prs   |  |                    | 1 1200                                  |           |                                    |                  |  | 0                            | <b>リノレスス</b> :                            | <u>~</u>               |

DD FORM 2367, MAY 1999 (EG)

PREVIOUS EDITION MAY BE USED.

WHS/DIOR, May 99

### INTERAGENCY REPORT CONTROL NUMBER MOVE-IN HOUSING ALLOWANCE CLAIM 0370-DOD-AR FOR PERSONNEL OCCUPYING PRIVATELY LEASED/OWNED QUARTERS OVERSEAS REPORT CONTROL SYMBOL (Read Warning, Privacy Act Statement; and Instructions on reverse before completion) DD-P&R(AR)1834 PART A - SERVICEMEMBER IDENTIFICATION AND RESIDENCE INFORMATION 3. SOCIAL SECURITY NUMBER 1. NAME (Last, First, Middle Initial) 260-45-2736 E-7/MC TYSON, SHARONDA L. 5. RESIDENCE ADDRESS (Street, Apt. No., City, Country) b. LOCATION CODE 4. DUTY LOCATION OR HOMEPORT (Official Use) a. STATION NAME **SEA LAKE G-8** 3RD MARINE DIVISION / FOSTER 2753-282 ZAKIMI, YOMITAN d. COUNTRY e. DUTY TELEPHONE NO. c. CITY OKINAWA JAPAN 645-3990 PARTS B - C - EXPENSES ASSOCIATED WITH OCCUPYING RENTED/OWNED QUARTERS AMOUNT ALLOWED AMOUNT CLAIMED **EXPENSE ITEMS** (If certifier excludes any (List all expense items in Parts B and C below. Enter "None" if appropriate. If a (If payment made in amount, provide explanation sharer, only one sharer may report an expense item. Report all amounts in foreign currency, convert on separate sheet.) to dollars at actual dollars and cents. Refer to Instructions and Appendix N, JFTR, to determine (Official Use) conversion rate.) what can and cannot be reported.) PART B - RENT-RELATED EXPENSES (Not applicable to homeowners) \$1,036.04 AGENCY FEE ¥ 115,000 PAID ON 2017/2/2 YEN RATE IS ¥ 111 \$1,036.04 \$1,036.04 6. PART B SUBTOTAL (Official Use) PART C - SECURITY-RELATED EXPENSES (Allowed only in selected areas. See Appendix N.) \$0.00 7. PART C SUBTOTAL (Official Use) PART D - REIMBURSEMENT TO MEMBER (Official use only. Servicemember - skip to Part E.) \$1,036.04 8. AMOUNT FROM LINE 6 \$0.00 9, AMOUNT FROM LINE 7 \$1,036.04 10, AMOUNT DUE MEMBER (Sum of Lines 8 and 9) PART E - CERTIFICATIONS

TED AUTHORIZING/APPROVING OFFICIAL. I have reviewed this claim and certify that information was

| properly reported ha | ive entered monthly rent (i | in dollars using | Part B conversion rate, if appropriate) and total sharers from member's use price divided by 120.) |
|----------------------|-----------------------------|------------------|--|
| a. RENT              | b. TOTAL SHARERS            | c. TITLE         |  |

| a. RENT<br>¥ 230,000 | ь. тс | C. THE<br>HOUSING CLERK BWT1-4, MAMI TOMIMORI |
|----------------------|-------|---|
| d. SIGNATURE         | 1     |   |

11. SERVICEMEMBER. I certify that the information reported in Parts A - C is true and correct.

e. DATE SIGNED (YYYYMMOD) 2017/2/10

b. DATE SIGNED (YYYYMMDD)

2017/2/10

a. SIGNATURE

PREVIOUS EDITION MAY BE USED.

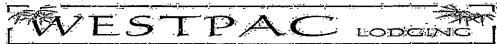
WHS/DIOR, May 99



### DEPARTMENT OF THE AIR FORCE PACIFIC AIR FORCES

### MEMORANDUM FOR RESIDE OFF BASE (INBOUND) SR<sub>3</sub> 20-Jan-2017 DATE: You have been authorized to reside off-base based on the following reason: ☐ Above 98% Occupancy Rate ☐ Delayed Dependent Travel ☐ EFMP ★ OTHER: PER MANAGEMENT AUTHORIZATION NAME: TYSON, SHARONDA L. . RANK E7 SERVICE: US MARINES % Date 11-Jan-2017 CEH Verification The occupancy rate is: Arrival (Staff Initials) Member must secure off base housing within the allowable days of authorized TLA. TLA can be terminated if adequate off base housing is declined. Member Signature CHAIN OF COMMAND ENDORSEMENT: (0-5 or above endorsement required) Please check one: RANK: 1-TCOLDATE: ZO176123 **DUTY POSITION:**

This memo may contain Personal Data which must be protected IAW DoD 5400.11R and is for Official Use Only. Privacy Act of 1974 Applies (5 USC 552a)



### TIF

MGB Camp.S.D. Buder PSC 556 Box.759 FPO AP 96386-0759

TYSON, GUNNERY SGT SHARONDA L

**HQBN 3D MARDIV UNIT 35840** 

FPO, AP 96382

Room Number: F311

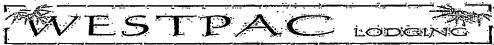
Daily Rate: 160.00

Room Type: QPS

No. of Guests: 2 / 1

| ARRIVAL    | DEPARTU    | REL GRED    | T CARDALE :   |         | FATERL       | NA LOATE    | CORY LACCOUNTES |
|------------|------------|-------------|---------------|---------|--------------|-------------|-----------------|
| 01/11/2017 | 02/18/2017 | XXXX        | XXXX XXXX 877 | 3       | PCSIN        | P1          | 40210305186     |
| DATE       | ROOM NO.   | DESCRIPTION |               | REFE    | RENCE        |             | AMOUNT          |
| 02/11/2017 | F311       | ROOM CHARGE |               | #F311 T | ryson, gysgt | SHARONDA L  | \$160.00        |
| 02/12/2017 | F311       | ROOM CHARGE |               | #F311 1 | ryson, gysgt | SHARONDAL · | - \$160,00      |
| 02/13/2017 | F311       | ROOM CHARGE |               | #F311 1 | ryson, gysgt | SHARONDA L  | \$160.00        |
| 02/14/2017 | F311       | ROOM CHARGE |               | #F311   | TYSON, GYSGT | SHARONDAL . | \$160,00        |
| 02/15/2017 | F311       | ROOM CHARGE |               | #F311   | TYSON, GYSGT | SHARONDA L  | \$160,00        |
| 02/16/2017 | F311       | ROOM CHARGE |               | #F311   | TYSON, GYSGT | SHARONDA L  | \$160.00        |
| 02/18/2017 | F311       | VISA '      | •             | VISA    |              |             | -\$960.00       |

|                   | TOTAL DUE:       | \$0.00 |
|-------------------|------------------|--------|
| Guest Signature:_ | clefik Signature |        |



### TIF

MCB: Camp.S.D: Butler PSC .556 Box 759 FPO AP 96386-0759

TYSON, GUNNERY SGT SHARONDA L

HQBN 3D MARDIV UNIT 35840

FPO, AP 96382

Room Number: F311

Daily Rate: 160.00

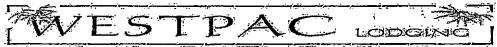
Room Type: QPS

No. of Guests: 2/1

| ARRIVAL    | DEPARTU    | RE CRED     | IP. CARD C     | RVAVIE           | PLAN HACATI    | GORYAL VACCOUNT |
|------------|------------|-------------|----------------|------------------|----------------|-----------------|
| 01/11/2017 | 02/18/2017 | XXXX        | XXXXXXXXX 8773 | PCSIN            | · P1           | 40210305186     |
| DATE       | ROOM NO.   | DESCRIPTIO  | X Profession   | REFERENCE        |                | I A THE HAMOUNT |
| 02/01/2017 | F311       | ROOM CHARGE |                | #F311 TYSON, GYS | GT SHARONDA L  | \$160.00        |
| 02/02/2017 | F311       | ROOM CHARGE |                | #F311 TYSON, GYS | GT SHARONDA L  | \$160.00        |
| 02/03/2017 | F311       | ROOM CHARGE |                | #F311 TYSON, GYS | GT SHARONDA L  | \$160.00        |
| 02/04/2017 | F311       | ROOM CHARGE |                | #F311 TYSON, GYS | GT SHARONDA L  | \$160.00        |
| 02/05/2017 | F311       | ROOM CHARGE |                | #F311 TYSON, GYS | GT SHARONDA L  | \$160.00        |
| 02/06/2017 | F311       | ROOM CHARGE |                | #F311 TYSON, GYS | GT SHARONDAL   | \$160,00        |
| 02/07/2017 | F311       | ROOM CHARGE | ·              | #F311 TYSON, GYS | GT SHARONDA L  | \$160.00        |
| 02/08/2017 | F311       | ROOM CHARGE |                | #F311 TYSON, GYS | GT SHARONDA L  | * \$160.00      |
| 02/09/2017 | F311       | ROOM CHARGE |                | #F311 TYSON, GYS | SGT SHARONDA L | \$160,00        |
| 02/10/2017 | F311       | ROOM CHARGE | · '            | #F311 TYSON, GYS | GT SHARONDA L  | \$160.00        |
| 02/11/2017 | F311       | VISA .      |                | VISA             | -              | 분 -\$1,600.00   |

|                 |                  | TOTAL DUE: | \$0.00 |
|-----------------|------------------|------------|--------|
| Güest Signatule | - Clerk Signatur |            |        |
|                 |                  | FNCL       | OSURE  |

ı:



TLF MGB Camp S.D. Borler PSC 556 Box 759 FPO AP 96386-0759

TYSON, GUNNERY SGT SHARONDA L

**HQBN 3D MARDIV UNIT 35840** 

FPO, AP 96382

Room Number: F311

Daily Rate: 160.00

Room Type: QPS

No. of Guests: 2/1

|            | and the same and t |           |                   |          |            | da ana ana ana ana | Comment of the control of the contro |             |
|------------|--|-----------|-------------------|----------|------------|--------------------|--|-------------|
| ARRIVAL    | DEPARTU  | RE CR     | EDIT CARD : 12    |          | RATE PU    | NE HEAT            | GORY   | ACCOUNT:    |
| 01/11/2017 | 02/15/2017   | XX        | XX XXXX XXXX 877; | 3        | PCSIN      | . P1               |  | 40210305186 |
| DATE       | ROOMNO   | DESCRIPT  | ion               | REFER    | ENCE       |                    |  | TAYOMA - 1  |
| 01/21/2017 | F311   | ROOM CHAR | GE                |          |            | SHARONDA L         | •  | \$160.00    |
| 01/22/2017 | F311   | ROOM CHAR | GE                | #F311 TY | SON, GYSGT | SHARONDA L         | į.   | \$160.00    |
| 01/23/2017 | F311   | ROOM CHAR | GE                | #F311 TY | SON, GYSGT | SHARONDA L         |  | \$160,00    |
| 01/24/2017 | F311   | ROOM CHAR | ĢE                | #F311 TY | SON, GYSGT | SHARONDA L         |  | \$160.00    |
| 01/25/2017 | F311   | ROOM CHAR | GE .              | #F311 TY | SON, GYSGT | SHARONDA L         |  | \$160,00    |
| 01/26/2017 | F311   | ROOM CHAR | GE                | #F311 TY | SON, GYSGT | SHARONDA L         | :  | \$160.00    |
| 01/27/2017 | F311   | ROOM CHAR | GE                | #F311 TY | SON, GYSGT | SHARONDA L         |  | \$160.00    |
| 01/28/2017 | F311   | ROOM CHAR | GE                | #F311 TY | SON, GYSGT | SHARONDA L         |  | \$160.00    |
| 01/29/2017 | F311   | ROOM CHAR | GE                | #F311 TY | SON, GYSGT | SHARONDAL          | ,  | \$160.00    |
| 01/30/2017 | F311   | ROOM CHAR | GE                | #F311 TY | SON, GYSGT | SHARONDA L         |  | \$160,00    |
| 01/31/2017 | F311   | ROOM CHAR | GE                | #F311 TY | SON, GYSGT | SHARONDA L         | •  | \$160.00    |
| 02/01/2017 | F311   | VISA      |                   | VISA     |            |                    | :,   | -\$1,760.00 |

|                 |   |        | Te             | OTAL DUE: | \$0.00 |
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| Guest Signature |   | -Clěřk | ć Signature    | 2         | 1.3    |
|                 |   |        | : <del>-</del> |           |        |

ENCLOSURE (1)

MISCELLANEOUS MILITARY PAY ORDER/SPECIAL PAYMENT AUTHORIZATION NAVMC 11116 (REV.5-02 DTMS)(EF) SN: 0109-LF-065-3600 U/I: PADS OF 100 DTMS Document ID: 5141078 DATE RUC 20170226 13001 NAME OF INDIVIDUAL (LAST, FIRST, MI) SSN ECC EDIPI: 1251670966 TYSON, SHARONDA L 20201107 TO DISBURSING OFFICER ADJUST THE INDIVIDUALS CREDIT YOU ARE AUTHORIZED TO MILITARY PAY ACCOUNT FOR THE TRANSACTIONS INDICATED YOU ARE DIRECTED TO MAKE THE FOLLOWING SPECIAL PAYMENT BASED ON THE TRANSACTIONS INDICATED PAYMENTS (Requires Commanding Officer's Squature) PURPOSE: SEVERE HARDSHIP EVENTS AGED 60 DAYS OR MORE PAYDAY ADJUSTMENT MEMBER'S JUMP/MMS RECORD NOT IN CENTRAL SITE. SPECIAL PAYMENT ACCESSION MESSAGE ATTACHED DATE TYPED NAME/GRADE OF COMMANDING OFFICER SIGNATURE OF COMMANDING OFFICER CWQ3 KEVIN L. JONES CWO3 KEVIN L. JONES 20170226 ADJUSTMENTS MONTHS ADVANCE PAY INCIDENT TO PCS ORDERS. (AUTHORIZATION) ADVANCE PAY REPAYMENT IN MONTHS **ADVANCE PAY** MONTHS ADVANCE AND ALLOWANCES FOR ASSIGNMENT TO A REMOTE LOCATION AND DEPLOYED ABOARD SHIP FOR MORE THAN 30 DAYS PURSUANT TO DODPM, PAR 40102. **ALLOWANCES ADVANCE** PAY \_ MONTHS ADVANCE HOUSING ALLOWANCE HOUSING REPAYMENT IN \_ MONTHS **ALLOWANCES** OTHER REQ III MEF DISBURSING TO PAY AS SPECIAL PAYMENT MBR IS REQ 3RD ARRV TLA. MBR IS ON 36 MOS ACC TOUR. SOURCE DOCS ATTACHED. POC IS LCPL ROSALES IPAC/TLA 645-7728.

UNIT DIARY

Admin Transaction Information

Number Date TTC SEQ Reported...

Disbursing Transaction Information

Number Date TTC SEQ Reported...

PAYMENTS PR# Date Amount

ENCLOSURE (1)



CW03 KEVIN L. JONES - 46124 MOL Home Switch Identity Logout | Help

DTMS Home Document Search New Document Reports Tools

### Online Transaction Processing

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| Document 5141078 ID: Online Transaction Summary |              |         | EDIPI: 1251670966 |               |           |        |              | SSN: 0260452736             |   |                               | TYSON, SHARONDA L.                          |  |
|   |              | ary ,   |                   |               |           |        |              |                             |   |                               |   |  |
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05 Apr 2017 @ 1825

| TEMPORARY LO   | DDGING AL              | LOWANCE REQU                          | JEST FORM   |
|--|------------------------|---------------------------------------|---|
| 1. SERVICE MEMBER IDENTIFICATION:  |                        |                                       |   |
| Name: TYSON SHARONDA L   | Rank                   | GYSGT                                 | SSN: <u>260-45-2736</u>   |
| Last, First, MI<br>Unit: H&S BN <b>30</b> MARDIV   | RUC:                   |                                       | Work Pone #: 080-4184-8219  |
| Arrival Date: Jan 11, 2017 RTD: Ja   | —<br>n 10. 2020        | Filiaht Da                            | ate (dep only):   |
| Type of Tour: (check one) Unaccompanied  | √ Accomp               |                                       | ur Conversion   |
| Applicable Personnel: Spouse YES   | Arrival Date           | Jan 11, 2017                          | _ Childrens' dates of birth;  |
| Number of Children 01  | Arrival Date           | Jan 11, 2017                          | 20141015  |
| TLA Request for MBR + DEPNS  | iBR Only               | Depns Only                            |   |
| Does member have an Active Duty Spouse? (check on  | e) [ Yes               | <b>⊘</b> No                           |   |
| Name:  | Rank:                  |                                       | ssn:  |
| Last, First, MI Unit:  | RUC:                   | •                                     | Work Pone #:  |
|  | usn                    | USAF [                                | USA .   |
| 2. TLA REQUEST DATA / MEMBER'S CERTIFICATION:  |                        |                                       | •   |
| Type (check one):  Arrival Departure   | [ Reno                 | vation Cother                         | · ·   |
|  |                        |                                       | •   |
| History: TLA Began Jan 11, 2017 (Date)   | с                      | aim #: 3RD ARRV                       |   |
| Current Periods/Dates: From: Jan 31, 2017  | To:                    | Feb 9, 2017                           | No. of Days 10  |
| (Below applies to TAD and leave)   |                        |                                       |   |
| TAD Periods: From:   | То:                    | ·                                     | Funded or Permissive;   |
| Leave Periods: From:   | To:                    | ·                                     | On-Island or Off Island   |
| HSG Referral Registration Date: Jan 13, 2017   | HSG R                  | eferral Application Dat               | le:   |
| Adequate cooking Facilities Available: Yes   |                        | 1                                     |   |
| Member's Signature:  | د_                     | Date:                                 | FEB .25 ,2017   |
| 2))  | PENALTYS               | STATEMENT:                            | 1 L L L L L L L L L L L L L L L L L L L   |
| There are severe criminal and civil penalties for knowingly subm<br>Section 3729) I certify that I have read, understand and adhere<br>reflects my attempt to obtain adequate housing. | itting a false, fictit | ous, or fraudulent claim (            | U. S. Code, Title 18, Section 287 and 1001 and Title 31, ICO 7220.1 The above information is accurate and |
| 3. UNIT CERTIFICATION:   |                        |                                       |   |
| COMRATS/BAS Start Date:  | BAQ W/O                | Dependents Start Dat                  | e:  |
| Effective Date of Lease:   | Gov'                   | OTRS Start/Stop Dat                   | e;  |
| TLA Overlap Dates: From:   | То:                    | · · · · · · · · · · · · · · · · · · · | No. of Days:  |
| COLA Start Date:   | COLA Sto               | p Date:                               | · · ·   |
| OHA Start Date:  | OHA Sto                | p Dale:                               |   |
| I have reviewed this TLA request and all supporting documenta corrective measures.   | tion is attached. I    | have counseled the mem                | ber regarding any claim shortfalls and necessary  |
| Commander's/Designee's Signature: K. L.JONES,  | CWO3, OIC,             | PERSO, USMC                           | Date: FEB 22, 2017  |
| ·  | Int Name, Rank         |                                       |   |
| MCIPAC/III MEF DISBURSING/7220/1 (Rev. 09-12) PRI  | EVIOUS EDITIO          | NS ARE OBSOLETE                       | ADOBE 9.0   |

ENCLOSURE (17)

### PRIVACY ACT STATEMENT

AUTHORITY:

5USC 5701, 37 USC 404-427, and EO 9397

PRINCIPAL PURPOSES:

Used for reviewing, approving, accounting, and disbursing for official temporary living allowances.

SSN is used to maintain a numerical identification system for individual claims.

ROUTINE USES:

To substantiate claims for reimbursement for temporary lodging allowances.

DISCLOSURE:

Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

### SUBMISSION INSTRUCTIONS

### ARRIVAL:

Submit the following documents with your TLA request form:

- a. Completed Record of Housing Search Form (all claims).
- b. Copy of lodging receipts (all claims).
- c. Statement of nonavailability of government operated temporary lodging facilities (if applicable).
- d. Copy of local economy lease or housing agency reservation form (if applicable).
- Justification for TLA extension request (if applicable).

### DEPARTURE:

Submit the following documents with your TLA request form:

- a. Copy of lodging receipts (all claims).
- b. Statement of nonavailability of government operated temporary lodging facility (if applicable).
- c. AF Form 594 (Assignment/Dispossession of Government Quarters) (if applicable).
- . d. Justification for TLA extension request (if applicable).

Remarks:

"I WILL UPDATE MY BIR/RED VIA MOL"

SIGNATURE:

DATE: 26 Janesony 2017

### APPENDIX C

MEMORANDUM FOR THE RECORD - ACKNOWLEDGEMENT OF TLA ENTITLEMENT CONDITIONS

I hereby acknowledge that I have been advised of and read the below conditions with regard to the entitlement to Temporary Lodging Allowance (TLA). I understand that it is my responsibility to reduce the amount of TLA required by completing all the directions listed in this order (III MEF/MCIPACO 7220.1)

- a. When Payable: TLA is an earned entitlement used to partially reimburse temporary lodging expenses, payable only when I meet the criteria established by this Order.
- b. When Not Payable: TLA will not be paid if at any time my situation can be described by one of the following categories:
- (1) No Real Need: If at any time I cannot provide appropriate substantiating documents proving there was a need for me and/or my family members to reside in a TLF.
- (2) Diligence: If at any time I cannot provide appropriate substantiating documents proving the delay of establishing/terminating a household was not under my control.
- (3) Personal Preference: If at any time I decline a suitable housing offer because I dislike the appearance, size, location, acceptance of pets or any other item based on personal preference.
- c. Extensions of TLA: I understand that I must submit for TLA extension as soon as I am aware of a need for one (see Chapter 1 of this Order).
  - d. My Responsibilities: I understand that I must do the following:
- (1) Register with the Housing Office within two (2) working days upon arrival.
- (2) If on base quarters are not available, aggressively seek housing on local economy with assistance from Housing Office by physically visiting housing agencies/dwellings. Reasons for denying housing, such as "too small, too far, too old, or too expensive" must be explained in detail; see Appendix D.
- (3) Submit TLA reimbursement request within three working days after each 10- day period.

Simature

Date Date

Enclosure (1)

| •  | TEMPORARY LODGING ALL  | OWANCE (TLA   | ) DATA SHEET  |  |  |  |  |  |  |
|--|--|---|---|--|--|--|--|--|--|
| FOR THE PERIOD OF $\frac{2}{2}$  | 10170121/20170216  | TLA CLAIM #   | 2ND/3rD/4F  |  |  |  |  |  |  |
| In order to be processed for TLA and maintain an entitlement for continued TLA, you must maintain a housing search record. Every address/ agency must be annotated with justification regarding reason for refusal. You are required to check all addresses that are within your rentai ceiling. If requirements are not being met and an aggressive search is not maintained. TLA will be terminated.   |  |   |   |  |  |  |  |  |  |
| ľ  | IAME: Sharonda L.  | MSCN  |   |  |  |  |  |  |  |
| E  | OUTY PHONE: <u>686-418</u> 4   | 1-6219  | •   |  |  |  |  |  |  |
| ORGANIZATION: MOT PAC  |  |   |   |  |  |  |  |  |  |
| r  | DATE ARRIVED: 11 January 2017  |   |   |  |  |  |  |  |  |
|  | DATE ATTENDED HOUSING BRIEF:   |   | M 8017  |  |  |  |  |  |  |
|  | COUNSELOR'S NAME: MYS. 7   | oko   |   |  |  |  |  |  |  |
| to on-base off-base quarters at 2752-252 Zakimi Comiton on 17 Feb 17.  CIRCLE ONE)  ADDRESS  The first available date for delivery of government furnishings is 16 Feb 17. TLA will stop on the date government furniture is available for delivery, provided the housing unit is ready for procupancy.  |  |   |   |  |  |  |  |  |  |
|  |  | <u></u>   | <u> </u>  |  |  |  |  |  |  |
| DATE OF VISIT  | ADDRESS  | AGENCYNAME<br>EXCHAND STAMP   | REASON NOT ACCEPTED   |  |  |  |  |  |  |
| 1/23/2017 2544104  | ENAKAN Hour MARY   | 14-00 N. S. A. S. S. V.   | /a  |  |  |  |  |  |  |
|  | THE TOTAL MERCEN   |   | OVER OHA CAD \$245,00   |  |  |  |  |  |  |
|  | Koja Otinaun - City To   | Aner can  | 5th IN LEASING  |  |  |  |  |  |  |
|  | B Koja Ofinaua - Cicy FE<br>S Minami to bayu OK  | Original American   |   |  |  |  |  |  |  |
| 1/26/2019 (218-3<br>1/31/17 3-33-<br>1/24/17 88-6  | B Koja Ofinaun-Cicy 25<br>35 Minami to bary OK<br>Mober meste Newyssew   | American<br>American<br>American  |   |  |  |  |  |  |  |
| 1/26/2019 (218-3<br>1/31/17 3-33-<br>1/24/17 80-6<br>1/27/17 Arexis  | Keja Ofinaun-Cicy Server<br>S Minami to barri OK<br>Neber meta Newsparler<br>Hasse 2-11-0 Komo Server  | American<br>Entrance  |   |  |  |  |  |  |  |
| 1/26/2019 (218-3<br>1/31/17 3-33-<br>1/24/17 88-6<br>1/27/17 Arckin  | S Koja Obinava - Circy Se<br>S Kajnami to baru OK<br>Mober meter Newgrades<br>Hose. 2-11-0 Kojno Bara<br>Kanidi Gura City  | Aner can  |   |  |  |  |  |  |  |
| 1/26/2019 (218-3<br>1/31/17 3-33-<br>1/24/17 88-6<br>1/27/17 Arckin<br>1/27/17 84-61   | S Koja Otinaun - Cicy To<br>S Minami to baru OK<br>Neber meta Newsparlew<br>Nase 2-11-0 Kaino Berra<br>Kamidi Urumo City<br>Ze Yomnton   | A STATE OF THE STA  |   |  |  |  |  |  |  |
| 1/26/2019 (218-3<br>1/31/17 3-33-<br>1/24/17 80-6<br>1/27/17 Arcxii<br>1/27/17 816-61<br>1/27/17 274 U   | S Keja Okinaun-Circy St.  S Keja Okinaun-Circy St.  S Keja Okinaun-Circy St.  S Keja Okinaun-Circy St.  Neber mete. Newsparlew  Neber mete. Newsparlew  Newse. 2-11-0 Koino Gega-  Karnidi Gruna City  Ze Yorndan  Mass. ETAPNO  | Or Service Control of the Control of  |   |  |  |  |  |  |  |
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| 1/26/2017   12/8-3<br>  1/3   1/17   3-33-<br>  1/24   17   88-6<br>  1/27   17   84-6<br>  1/27   17   274   0<br>  1/25   17   13/95-<br>  1/20   17   13/95-<br>  1/20   17   13/95-<br>  1/20   17   13/95-<br>  1/20   17   13/95-<br>  1/27   17   17/95-<br>  1/27   17   17/95-<br>  1/27   17   17/95-<br>  1/27   17   17/95-<br>  1/27   1/27   1/27 | Koja Okinaua - Cicy Tell Minami to baru OK  Meber meta Newsparlew  Mase 2-11-0 Kaino Egra-  Kamidi Gruna City  Za Yomkan  Mase APP D  Mijya Yomkane KICIAL P  117 Sobe Yamutan Olim  Ba Zakimi Yomkan  Kutur yamanchi olim  B Zakami Yomkan  City  Penalty  enalties for knowingly submitting a false, fi  tify that I have read, understand and adhe  reflects my attempt to obtain adequate h  | Satement: ctitious or fraudule re to the policy as s  | Sth IN LEASING  ABOTH WILLEASING  FIND IN LEASING  FIND IN LEASING  AND IN LEASING  WITTEN IN LEASING  WITTEN IN LEASING  WITTEN IN LEASING  ACCEPTED  STO IN LEASING  3RD IN LEASING  BRD IN LEASING  THE BROWN  et forth In III MEF/MCIPACO 7220.1A. The above                            |  |  |  |  |  |  |

ENCLOSURE (17)

#### INTERAGENCY REPORT CONTROL NUMBER INDIVIDUAL OVERSEAS HOUSING ALLOWANCE 0374-DOD-AR (OHA) REPORT REPORT CONTROL SYMBOL Before completing, read Privacy Act Statement and Warning on reverse side. DD-P&R(AR)1697 PART A - IDENTIFICATION AND HOUSING INFORMATION 3. SERVICEMEMBER'S RESIDENCE ADDRESS (Street, Apt. No., City, Country) SEA LAKE G-8 1. SERVICEMEMBER a. NAME (Last, First, Middle Initial) 2753-282 ZAKIMI, YOMITAN TYSON, SHARONDA L. 4. EFFECTIVE DATE OF LEASE/RENTAL/SALE AGREEMENT b. PAY GRADE c, SSN (YYYYMMDD) 2017/2/17 ( PASS INSP: 2015/3/26 ) 260-45-2736 E-7 / MC d. DUTY STATION OR HOMEPORT 5. IN WHAT CURRENCY IS YOUR RENT OR MORTGAGE PAID? (X one) (1) Station Name (See Instructions on reverse side if you pay rent three or more months in advance.) x a. LOCAL CURRENCY (Specify name of currency. Report amount in Item 6.) 3RD MARINE DIVISION / CAMP FOSTER b. U.S. DOLLARS (2) City **OKINAWA** X THE APPROPRIATE BOX TO INDICATE WHETHER YOUR RESIDENCE IS LEASED OR OWNED AND GIVE THE MONTHLY RENTAL AMOUNT OR THE PURCHASE PRICE IN THE CURRENCY (3) Country (4) Duty Phone JAPAN 645-3990 YOU SPECIFIED IN QUESTION 5. ARE YOU ENTITLED TO A COST-OF-LIVING OR OVERSEAS HOUSING ALLOWANCE FOR DEPENDENTS RESIDING ELSEWHERE? (X one) a. LEASED/RENTED (Enter monthly rent below. If sharing, report ¥ 230,000 TOTAL rent, not your share.) b. OWNED (Enter original purchase price. Include only cost of home, YES (Specify location) EXCLUDE closing costs, taxes, etc.) NO or NOT APPLICABLE HOMEOWNERS, SKIP QUESTION 7 AND GO DIRECTLY TO QUESTION 8. 8. TO DETERMINE IF YOU ARE A "SHARER" FOR HOUSING ALLOW-ANCE PURPOSES, ENTER AN X IN THE BOX AT LEFT FOR EACH CATEGORY OF INDIVIDUAL OCCUPYING YOUR RESIDENCE. FOR EACH CATEGORY YOU X, ENTER THE NUMBER REQUESTED IN THE BOX AT RIGHT, THEN RECORD THE TOTAL IN THE BOX AT 7. UTILITIES (Excluding telephone) (X appropriate block) a. I SEPARATELY PAY FOR ALL UTILITIES. NONE ARE IN-CLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD. THE BOTTOM. (NOTE: Do not count dependents unless covered by b, I DO NOT SEPARATELY PAY FOR ANY UTILITIES (excluding telephone). ALL UTILITIES ARE INCLUDED IN RENTAL/LEASE category c.) AGREEMENT AND PAID BY LANDLORD. a. MYSELF c. I SEPARATELY PAY FOR SOME UTILITIES (excluding telephone) AND SOME ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD. (Complete items (1) - (5) below indicating SPOUSE WHO IS ALSO A SERVICEMEMBER (Enter \*1") b. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL CIVILIAN EMPLOYEE ENTITLED TO LIVING QUARTERS ALLOWANCE (Enter number) utilities/services of which your landlord provides the MAJORITY.) OTHER SERVICEMEMBERS ENTITLED TO A HOUSING ALLOWANCE (Enter number) (1) Electricity (2) Heating GAS EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, AND/OR UTILITIES (Enter number) (3) Air conditioning (X if window units used and landlord provides electricity.) TOTAL (8a through e) (if result exceeds "1", you are considered a (4) Water or Sewer 1 (5) Trash Disposal 9. If Black 8.b. or 8.d. is marked, report their full name(s), Social Security Number(s) and Branch of Service in "Remarks" on reverse. PART B - CERTIFICATIONS 11. HOUSING OFFICER or APPROPRIATE OFFICIAL. 10, SERVICEMEMBER. I certify that: I have reviewed and verified the member's lease/rental/sale a. The information I have reported is true and correct. agreement and information from it was properly reported. b. I will immediately inform my commanding officer if any changes occur to the information I have reported. a. MIHA/MISCELLANEOUS PAYMENT AUTHORIZED? (X one) c. The attached copy of my housing lease/rental/sale agreement X (1) Yes (2) No. (or certification from landlord) is true and correct, if applicable. X (a) Initial (b) Subsequent If Yes, entitlement is: I have read the overseas housing allowance briefing sheet b. SIGNATURE c. DATE SIGNED provided by my commander or authorized representative, if (YYYYMMDD) applicable. 2017-Feb-10 f. DATE SIGNED e. SIGNATAIRE (YYYYMMDD) 2017-Feb-10 HOUSING CLERK BWT1-4, MAMI TOMIMORI 12. CERTIFYING OFFICIAL. I have reviewed this action and certify the entitlement. If applicable to this action, member has read the overseas housing allowance briefing sheet and is aware of his/her entitlements and responsibility to report any changes. b. MIHA/MISCELLANEOUS ENTITLEMENT (X ane) a. TYPE HOUSING ALLOWANCE ACTION (X one) (3) None X (1) Initial (2) Subsequent (3) Stop (5) \*Cancel X (1) Start c. EFFECTIVE DATE OF ACTION (YYYYMMDD) (6) \*Report (4) Correct (2) Change \*For Air Force use only d. DOES MEMBER HAVE COMMAND-SPONSORED DEPENDENTS IN AREA OF PERMANENT DUTY STATION? (1) Yes (2) No

DD FORM 2367, MAY 1999 (EG)

PREVIOUS EDITION MAY BE USED.

(Kr5U

f. TITLE

WHS/DIOR, May 99

g. DATE SIGNED

(YYYYMMDD)

00170222

| MOVE-IN HOUSING ALLO   | INTERAGENCY REPORT CONTROL NUMBE<br>0370-DOD-AR  |   |   |   |  |
|--|--|---|---|---|--|
| FOR PERSONNEL OCCUPYING PRIVATELY LEAS   |  | ORT CONTROL SYMBOL  |   |   |  |
| (Read Warning, Privacy Act Statement, and Instru   |  | DD-P&R(AR)1834  |   |   |  |
| 1. NAME (Last, First, Middle Initial) TYSON, SHARONDA L.   | MBER IDENTIFICATION AND                          | 2. GRADE  | / MC  | 3. SOCIAL SECURITY NUMBER<br>260-45-2736                          |  |
| 4. DUTY LOCATION OR HOMEPORT   | b. LOCATION CODE<br>(Official Use)               | 5. RESIDEN  | ICE ADDRESS   | (Street, Apt. No., City, Country)                                 |  |
| a. STATION NAME 3RD MARINE DIVISION / FOSTER   | SEA LAKE G-8<br>2753-282 ZAKIMI, YOMITAN         |   |   |   |  |
| c. CITY d. COUNTRY OKINAWA JAPAN   | d. COUNTRY e. DUTY TELEPHONE NO.                 |   |   |   |  |
| PARTS B - C - EXPENSES A   | ASSOCIATED WITH OCCUPY                           | ING RENTED  | OWNED QUA   | RTERS   |  |
| a. EXPENSE ITEMS  (List all expense items in Parts B and C below. Enter sharer, only one sharer may report an expense ite dollars and cents. Refer to instructions and Appen what can and cannot be report | AMOUNT<br>(If payme<br>foreign curr<br>to dollar | b.<br>Γ CLAIMED<br>ent made in<br>rency, convert<br>rs at actual<br>sion rate.) | c. AMOUNT ALLOWED (If certifier excludes any amount, provide explanation on separate sheet.) (Official Use) |   |  |
|  | RELATED EXPENSES (Not app                        | olicable to ho  |   | #1 00C 04   |  |
| AGENCY FEE ¥ 115,000 PAID ON 2017/2/2 YE   | EN RATE IS ¥ 111                                 |   | \$1,036.04  | \$1,036.04  |  |
|  |  |   |   |   |  |
|  |  |   |   |   |  |
|  |  |   |   |   |  |
|  |  |   |   |   |  |
|  |  | <u> </u>  |   |   |  |
| 6. PART B SUBTOTAL (Official Use)  | ·  |   | <del></del>   | \$1,036.04  |  |
| PART C - SECURITY-RELAT  | ED EXPENSES (Allowed only                        | in selected a   | reas. See App   | endix N.)   |  |
|  |  |   |   |   |  |
|  |  |   |   |   |  |
|  |  |   |   |   |  |
|  |  |   |   |   |  |
| •  |  |   |   |   |  |
|  |  |   |   |   |  |
| 7. PART C SUBTOTAL (Official Use)  | ······································           | ·   | <del></del>   | \$0.00  |  |
| PART D - REIMBURSEMENT   | TO MEMBER (Official use of                       | ıly. Servicen   | nember - skip t   | o Part E.)  |  |
| 8. AMOUNT FROM LINE 6  |  |   |   | \$1,036.04  |  |
| 9. AMOUNT FROM LINE 7  | \$0.00   |   |   |   |  |
| 10. AMOUNT DUE MEMBER (Sum of Lines 8 and 9)   |  |   |   | \$1,036.04  |  |
| 11. SERVICEMEMBER. I certify that the information  | PART E - CERTIFICATIO                            |   |   |   |  |
| a. SIGNATURE   | b. DATE SIGNED (YYYYMMDD)                        |   |   |   |  |
| XXX 6180   | 2017/2/10  |   |   |   |  |
| 12. HOUSING OFFICER OR DESIGNATED AUTHORIS<br>properly reported. I have entered monthly rent<br>DD Form 2367. (If homeowner, report "rent" as  | (in dollars using Part B conver                  | sion rate, if a   | wed this claim<br>appropriate) an   | and certify that information was<br>d total sharers from member's |  |
| a. RENT b. TOTAL SHARERS ¥ 230,000 1   | c. TITLE<br>HOUSING CLERK BW                     | T1-4, MAM   | II TOMIMOF  |   |  |
| d. SIGMATURE   |  |   |   | e. DATE SIGNED (YYYYMMDD) 2017/2/10                               |  |
| DD FØRM 2556, MAY 1999 (EG)  | PREVIOUS EDITION MAY E                           | BE USED   |   | WHS/DIDR, May 99  |  |
| טט רעטאואו בססס, ואואז ושטש (בט)   |  |   |   |   |  |



# DEPARTMENT OF THE AIR FORCE PACIFIC AIR FORCES

| MEMORANDUM FOR RESIDE OFF BASE (INBOUND)   |   |
|--|---|
| DATE;20-Jan-2017   | Category: SR3                                   |
| You have been authorized to reside off-base based on the following   | ng reason:                                      |
| ☐ Above 98% Occupancy Rate ☐ Delayed Dependent Travel ☐  | EFMP  |
| ☑ OTHER: PER MANAGEMENT AUTHORIZATION  |   |
| NAME: TYSON, SHARONDA L. RANK E7   | SERVICE: US MARINES                             |
| The occupancy rate is:%/% Date 11-Jan Primary Secondary Arriv  | n-2017 CEH Verification<br>ral (Staff Initials) |
| Member must secure off base housing within the allowable days terminated if adequate off base housing is declined. | •   |
| \J\L 1).\  | sing Manager  20 Tanway 2017                    |
| CHAIN OF COMMAND ENDORSEMENT: (O-5 or above e  | ndorsement required)                            |
| Please check one: Approved Disapproved   | d   |
| NAME:RANK:   | DATE: _20176123                                 |
| DUTY POSITION: XO  |   |

This memo may contain Personal Data which must be protected IAW DoD 5400.11R and is for Official Use Only. Privacy Act of 1974 Applies (5 USC 552a)

DD1351-2 Routing/Misc.

View Parent
Associate(d) Documents (1)
Generate PDF
View History
Attachments (4)
View McSOR Document
Online Transactions
Return to Search

Functions



CWO3 KEVIN L. JONES - 46124 MOL Home Switch Identity Lo DTMS Home Document Search New Document Reports Tools DD1351-2; Travel Voucher or Subvoucher **Associated Documents:** TYSON, SHARONDA L. - Transaction Document (Final Join Audit) - Created; 20170223 - Link Description: Final Join Transactions Document ID: 5105457 PCS Travel SECTION A EDIPI: 1251670966 SSN: 0260452736 Grade: E7 Name: TYSON, SHARONDA L Current Address: 3405 SISTINA WAY UNIT 3 OCEANSIDE, CA 920560000 E-mail Address: SHARONDA.L.TYSON@USMC.MIL Daytime Telephone Number: 858-577-5201 SDN: M7000217CTB32MP SDN Move Type: ROTATIONAL Organization and Station: Payment Method: Electronic Fund Transfer Type Of Payment: PCS DLA Member/Employee Dependents Split Disbursement: **Government Advance Payments:** Date Paid DOV Join Date: DEPENDENTS Dependents' Address on Receipt of Orders: Member has Dependents. Dependents are being accompanied. Household goods have NOT been shipped. Date of Birth or Marriage Name Relationship DONYAE R. TYSON SPOUSE 19790308 LEGITIMATE SON 20141015 TYBERIUS N. TYSON **EXPENSES** There are no Reimbursable Expense records. GOVERNMENT/DEDUCTIBLE MEALS There are no Gov/Deductible Meal records. ITINERARY There are no Itinerary records. ELAPSED TIME There are no Elapsed Time records. REMARKS There are no Remarks.

WinIATS DOV Information:

ENCLOSURE (18)

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Personal Data - Privacy Act of 1974 - Handle with care Page No: 1
RELEASE 6.19.0 Travel Voucher Summary Block: 1702160004
DO Voucher No. 802680
13001 -
Name:SHARONDA L TYSON Paid By
UNIT 35849
FPO AP 96382 DSSN 6160
III MEF DISBURSING
CAMP FOSTER, OKINAWA, JAPAN
Pald 02/23/17
Start Date: 01/05/17 End Date: 01/11/17
Detach Date: 02/13/17 Report Date: 03/15/17 FPO AP 96604-8405
SSN: XXXXX2736 T/O: M7000217CTB32MP ---
Travel Type: PCS Grade/Rank: E7 Prepared; 2/16/2017
Advances/Prior Payments: 6270.66
Supplemental Voucher
Memb/Emp PCS Per Diem ....... 218.50
Memb/Emp Transportation ....... 1053.65
Memb/Emp MALT ...... 21,42
Dep. Per Diem ...... 273.13
Dep. Transportation ...... 2107.30
DLA .......2596.66
TLE ..
          ..... 547.04
Total Entitlement ...... 6817.70
Less Partial Payments ....... 6270.66
Total Charged to Acci. Class ... 547.04
Less Travel Advances ...... 0.00
 Total Amount Payable ...... 547.04
 Split Payment ...... 41.53
 Due Employee ...... 505.51
 MBR REQUEST FOR SUPPLEMENTAL FOR VPC AND TLE. TLE WAS PAID. HOWEVER
 VPC WAS NOT PAID DUE TO MBR DROVE LOOP TRAVEL FROM SAN DIEGO TO SAN
 DIEGO, MBR HAS $41.53 CITIBANK BALANCE. POSSIBLE AMOUNT TO BE PUT
 SPLIT PAYMENT IS $41.53. N.A.
 Accounting Summary IBOP Code: US
 012901 AA 17 7 1106 2750 0021 41690 067443 2D 074131 000260452736
 M7000217CTB32MP 547.04
 Who had claim: NF1, NA, NA, DFA, DFA, NA, DFA, MRB
 Examiner: NA Auditor: DFA Method of Pay: EFT for 547.04
 Personal Data - Privacy Act of 1974 - Handle with care Page No: 2
 RELEASE 6.19.0 Travel Voucher Summary Block: 1702160004
 SSN: XXXXX2736 TONO: M7000217CTB32MP
 Local Day Ldg M&IE Ldg
 Date Type Rate Rate Br Ln Dn Lodg Break Lunch Dinner Incld Amount Tax
  Dependents 177.50
  01/11 LDP 160.00 102.00 CM CM CM 0.00 reimbursed mie = 76.50 76.50 0.00
  Dependents 95.63
  0.00 491.63 0.00
  Temporary Lodging Entitlement
  Date DY Loc Emp # Deps Rate Lodging M&IE CompTLE MaxTLE
  1/8/2017 1 CCAORA E 2 239.00 193.52 80.00 273.52 290.00
  1/9/2017 2 CCAORA E 2 239.00 193.52 80.00 273.52 290.00
  Step 1 = # of eligible persons occupying temporary lodgings as a % as follows:
  Member or 1 Dependent = 65%
  Member and 1 Dependent, or 2 dependents only = 100%
  For each additional dependent 12 or older add 35 %
  For each additional dependent under 12 add 25 %
  For each day compare CompTLE against the Max. Daily TLE authorized
  and pay the least
  Elapsed Time
  FROM DATE TO DATE CATEGORY
  Detach 01/09/20
  01/09/20 01/10/20 TR 2
   Approved Reimbursable Expenses
   Date Description Amount
   01/10/17 AIRFARE 1053,65
   01/10/17 AIRFARE 2107.30
                                                         ied-p2s-02
```

ENCLOSUREOR

https://dtms.tfs.usmc.mil/DTMS/document/display?docId=5105457.0

| TRAVEL VOUCHER OR SUBVOUCH  | ER form  | i Privacy A<br>. Use type<br>e is neede  | ct Statem<br>writer, ink<br>d. continu   | ent, Penalty St<br>(, or ball point<br>(e in remarks. | atement, i<br>pen. PRE | and Instr<br>SS HARE | DO NOT u                              | sek bet<br>ise pend | ore completing<br>cil. If more        |
|---|--|--|--|---|------------------------|----------------------|---------------------------------------|---------------------|---------------------------------------|
|   | y directly to 1)                               | Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more is needed, continue in remarks.  Greetly to the Government Travel Charge Card (GTCC) contractor the position of your relimbursement |  |   |                        |                      |                                       |                     |                                       |
| Electronic Fund    Electronic Fund   representing travel charges for transportation, todging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their cultistanding government travel card balance to the GTCC contractor.  NOTE: A split disbursement is only nocessary when a GTCC is used while on official travel for the Government. |  |  |  |   |                        |                      |                                       |                     | SOURCE SIE LEGOLEG                    |
| Payment by Check Pay the following amount of this reimbursament directly to the Government Travel Charge Card contractor:   |  |  |  |   |                        |                      |                                       |                     |                                       |
| 2. NAME (Last, First, Middle Initial) (Print or type)   | · J. GRA                                       |  | 4. SSN   |   | 1                      |                      | F PAYMENT (                           | X as appli          | cable)                                |
| TYSON SHARONDA: L.  | E  | -7   | 260  | -45-2   | 736 l                  | יסו 🔃                | r []                                  | X Me                | mber/Employea                         |
| 6. ADDRESS, 4: NUMBER AND STREET b. CITY  | · · · · · · · · · · · · · · · · · · ·          |  | c. STATE   |   |                        | X. PC                | ş · · · · [                           | Oth                 | er i                                  |
| NEW JOINS FPO   |  |  | AP   | · 963   | 73                     | <del>-/\</del>       | endent(s)                             | X DD                | ٠                                     |
| c. E-MAIL ADDRESS COLOGO JUSTE  7. DAYTIME TELEPHONE NUMBER &   8. TRAVEL ORDERVAU  | 200G   | H @  | $C_{\infty}$   |   | മ്പ                    |                      | 0.0. USE ONL'                         |                     |                                       |
| . AREA CODE NUMBER  |  | J. PREVIO  |  | NMENT PAYMEN  | ا شاخوا                | s. 0.0./             | YOU'CHER NUI                          | ABER .              | - [                                   |
| 11. ORGANIZATION AND STATION  | TRYSUL   |  |  |   | ~·                     | l. Billion           | DISOUER MIN                           | 2000                | <del></del>                           |
| 3DMARDIV  |  | ١.   |  | •   |                        | B. SUBV              | OUCHER NUM                            |                     |                                       |
| 12, DEPENDENT(S) (X and complete as applicable)   |  | 13. DEPEN  | DENTS' AD  | DRESS ON REC  | PT OF                  | c. PAID              | BY                                    | ·                   |                                       |
| X ACCOMPANIED : UNACCOMPANIE  | ED   | ORDER  | lS (Include 2  |   |                        |                      | •                                     |                     |                                       |
| a. NAME (Last, First, Abddie Initial) b. RELATIONSHIP 5   | DATE OF BIRTH<br>OR MARRIAGE                   | 340  | )5 Şi  | ST11/0 A-U  | 1 KIEN                 | ٠.                   |                                       |                     | .                                     |
| DONYAE R SPOUSE   |  | UN   | _  | _   |                        |                      | •                                     |                     | 1                                     |
| TYBERIUS N. SON   | ,  | OCEA   | <u> </u>   | <u> </u>  | <u> </u>               |                      |                                       |                     | <u> </u>                              |
| AND NO OTHERS   | _  | 14. HAVE H   | OUSEHOL  | GOODS BEEN  | SHIPPED?               | d. COM               | UTATIONS                              |                     |                                       |
|   |  | YES  | 1  | NO (Explain in R                                      |                        | TRA                  | ا∈ردٍد                                |                     | 7 DY                                  |
| 15, ITINERARY  2, DATE  b. PLACE (Home, Office, Base, Activity, City en City and Country, etc.)   | d State;                                       | MEANS/<br>MODE OF<br>TRAVEL  | REASON   | FODGING   | f.<br>POC              | عك                   |                                       | E07                 | OEZ.                                  |
|   |  |  | FOR<br>STOP  | COST  | MULES                  | 5.7                  | <u>~~~</u>                            | - 10°               | <del></del>                           |
| DIOS DE SAN DIEGO CA  |  | PA   | 医生态器   |   |                        | -77TF                | (J. 27)                               | -Vi                 |                                       |
| CARLSBAD CA   |  | PA   |  |   |                        | - <del>120</del>     | <u>Б</u> Д:                           |                     | <del>(18)</del>                       |
| 0.00  |  |  | AO   | -   | Septiment September 1  | <u> </u>             | <u>, / \ </u>                         | <b>VII.</b>         | V - U                                 |
| O108 DEGIO CACV   | PC).   | PA   |  | •   | U                      |                      | *****                                 |                     |                                       |
| MIND ARR  |  |  | AΤ   | • •   |                        |                      |                                       |                     |                                       |
| OILO PE LOS AVAGELES C  | <u>;a                                     </u> | PA   |  |   |                        |                      |                                       |                     |                                       |
| OIL DARR LOS ANDELES AL   | 2PORT  |  | AT   |   |                        |                      |                                       |                     |                                       |
| D((0) 32   300   1   12   300   1   12  | 707  | Ce   |  |   |                        | <u>·</u>             |                                       |                     |                                       |
| DIII ARR OKINAWA JP   |  |  | MC   |   | Kentacus:              | - 510.0              | MARY OF PAY                           | VID. T              | <del></del> -                         |
| ARR   |  |  | 35 F.  | ,   |                        | (1) Par D            |                                       | MENI.               |                                       |
| DEP .   | Un   | <b>111111111</b> 3   |  | •   |                        |                      | Expense Allo                          | wance.              | · · · · · · · · · · · · · · · · · · · |
| ARR   | 12   |  | ACCURACY OF THE PARTY OF THE PA | ·   |                        | (3) Milea            | <del>`</del> _                        |                     |                                       |
| 16. POC TRAVEL (X one) OWN/OPERATE  | X PASSENG                                      | 3  | 17. DI   | JRATION OF TRA  | VEļ.                   | (4) Depe             | ndent Travel                          |                     |                                       |
| 18. REIMBURSABLE EXPENSES ·   | $\overline{}$                                  | <del>カ</del>   |  | 12 HOURS OR   | Ecc .                  | (S) DLA              |                                       |                     |                                       |
| aL DATE b. NATURE OF EXPENSE  | C. ANDUNT                                      | K COW  | ED   | 121100120 OK  |                        |                      | bursabia Exper                        | zes                 |                                       |
| 7Droid Tie  | 387.00   |  | <b>/</b>   | MORE THAN 12  |                        | (7) Total            |                                       |                     | 0.00                                  |
| 20170110 EATO FEE   | (0.25 <u>)</u>                                 | S N  | ( S-   | BUT 24 HOURS  | OR LESS                | (8) Less             |                                       | ·                   |                                       |
|   | <del></del>                                    |  |  | MORE THAN 24  | HOURS                  | (9) Amos             |                                       |                     | . 0.00                                |
| !   |  |  | 19.0   | CERNIVENT/DE  | DUCTIBLE               | (30) Amou            | an Due                                |                     |                                       |
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|   |  | <del>                                     </del>   |  |   |                        |                      |                                       | -                   |                                       |
|   | ·  | <u>; ·.  </u>  | <del></del>  | 1   | <b>1</b> 25-           |                      |                                       | •                   | · · · · · · · · · · · · · · · · · · · |
| 000   |  |  |  | 1.7   | 1                      |                      | · · ·                                 |                     |                                       |
| 20.2, CLAY OUT SIGNATURE  | ,  |  |  |   | 1                      | V 25                 |                                       |                     | b:DATE .                              |
|   | 1 oroslemiam                                   |  | ·  |   | <del>】</del>           | $\sim$               | 8                                     |                     |                                       |
| LCPL HATURD   | K, SIGNATURE                                   | 777  | 57   | 1 1   | -                      | e 10/0               | Hane NUMBE<br>645-6847                | =17                 | f. DATE                               |
| 21.s. APPROVING OFFICIAL'S PRINTED NAME   | b. SIGNATURE                                   | 10   | 1750   | restor  |                        | c, TELE              | HONENBANE                             |                     | d.DAIE .                              |
| SAL MOLLET : .  | _  |  | 3  | 707-  |                        |                      | 645-9867                              | •                   | ا ز                                   |
| 22. ACCOUNTING CLASSIFICATION   |  |  |  |   |                        |                      |                                       |                     |                                       |
|   |  |  |  |   |                        |                      |                                       |                     |                                       |
| 23. COLLECTION DATA   |  |  |  |   |                        |                      |                                       |                     |                                       |
| # 1   |  |  |  |   |                        |                      |                                       |                     | - イア                                  |
| 24, COMPUTED BY 25, AUDITED BY 26, TRAVI  | EL ORSERI<br>IZATION POSTED                    | 27. RE   | CEIVED (P  | ayes Signature a                                      | nd Date or C           | heck No.)            | · · · · · · · · · · · · · · · · · · · | 28. AN              | IOUNT PAID                            |
| AUTROR  | ILATION POSTED                                 | βY   |  | *   | •                      | Ĩ                    |                                       | 1                   | di,                                   |
| DD FORM 4251-2 MAY 2011   | PREVIO   | us Editio  | N IS ORC   | OLETÉ   | -                      | , Fyr                | erion le SE 101                       | 12 apone            | ed by GSA/IRMS 12-91                  |

Exception to SF 1012 approved by GSA/IRMS 12-91.
Adobe Professional 8.0

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IN REPLY REFER TO: 4400 LAGDNO/LP L2D2C2016

From: Director, Traffic Management Office, MCAS Miramar CA 92145

TO: GYSGT TYSON SHARONDA XXX-XX-2736/USHC

Subj: AUTHORIZATION FOR SELF PROCURED STORAGE OF FRIVATELY OWNED VEHICLE (POV) WHEN ASSIGNED TO RESTRICTED OVERSEAS DUTY STATION

Ref: (a) USMC WEE ORDERS DATED 12DEC2015, M7000217CTB32MP

(b) JFTR U5464

(c) STORING YOUR FOW PEAMPREST located at

1. In conjunction with references (a) and (b), you are authorized storage of one FOV, 2015 MINICOOPER SCOUNTRYMAN VIN EMEMACSCS4FWT03972 If you chose not to use the Governments Vehicle Processing Center (VPC) SAN DIEGO Located in Santea, Ca. to process and store this vehicle; you may obtain self-procured storage of the POV listed on this letter.

- 2. You may store one POV at your expense and file a travel claim on DD-1351-2 for reimbursement of these private storage charges not to exceed the governments storage rate at the SAN DIEGO VPC of \$174.00. You may file your claim for raimbursement on a quarterly, semi-annual, or annual bands; or upon completion of your oversees tour. Submit your claim for reimbursement with a copy of your storage contract, paid receipts, official orders and vehicle registration to Transportation Voucher Certification Branch, ATTN: POV Storage, \$14 Radford Blvd., Suite 20318, Albany GA 31704-0318.
- 3. Once your POV is placed into storage under the orders in reference (a), either by self-procurement or through the Los Angeles VPC, this POV cannot be removed from storage for use while on leave or TAD/TDY in COMUS under the same PCS orders. The only exceptions for removal prior to issuance of new PCS orders is if the self-procured storage facility closes or is damaged and that damage could cause damage to this vehicle.

A. KAYS TO

1 of 1

ENCLOSURE OX)

## A-1 Car Storage Month to Month Rental Agreement

2235 Pacific Highway San Diego, CA 92101 619-696-6616 email: a1pacifichighway@a1storage.com

| OPEN: Mon-Fri 9:00 a.m 6:00 p.m.  | Unit Number 4024  |
|---|---|
| Sat-Sun 9:00 a.m 5:00 p.m.<br>CLOSED ALL MAJOR HOLIDAYS   | · · · · · · · · · · · · · · · · · · ·   |
| Name Sharonda L. Tusan  | _("Customer") Phone 160-213-4421  |
| Address 2325 Ainger Place S.E.  |   |
| city Washington DC.   | State IC Zip 20000  |
| Email: Moving Just Enough egmail-com  | Cell Phone 760-213-4367   |
| Vehicle: Make MINI Model Cooper Consumor  | 1 Year 2015: Color With   |
| Lic. Plate No. 7NMBH@8 Date put in storage 01 108 /   | Estimated Removal Date//  |
| Emergency Contact Information:  |   |
| Name Sherry L. Taylor Phone 202-210-  | 3748 Email Luckyfor U. STegmail. Com  |
| 105 02  | orage rent is payable the day the rental contract se date for future rental payments. The storage |
| 2. Daily storage is 10% of the monthly rate not to exceed monthly sto authorizes A-1 Car Storage to drive Customer's vehicle on, to and for Customer's vehicle at areas of its discretion.  | rage rate of Customer's automobile. Customer om storage areas utilized by it and store            |
| 3. Customer will notify A-1 Car Storage not less than 72 hours before storage. Taking the vehicle out of storage for any reason will result i month's rent or, in the case of vehicles being removed at the conclus Customer requests vehicle be removed from storage upon less than increased to \$50. | in a \$30 de-storage fee added to the next<br>ion of the lease, added to the final invoice. If    |
| 4. A late charge of 10% of rent and other charges/fees will be assess rent or charges/fees are due. A fee of \$50.00 will be charged for eve  | ed against Customer 10 days after any unpaid<br>ry returned check.                                |
| 5. Battery charge, fuel and all other fluids and oil, if necessary, will be plus staff time at the rate of \$30 per hour, minimum one (1) hour char personal belongings be retrieved from vehicle, a fee of \$10.00 will be   | TOP DET SERVICE If Customer requests that   |
| 6. Vehicle Insurance: Customer agrees to maintain, at Customer's so damage coverage for the full value of Customer's vehicle. Such insurance:   | ole expense, a policy of comprehensive physical rance shall be primary for any loss of or damage  |

to Customer's vehicle. Insurance on Customer's vehicle is a material condition of this agreement and is for the benefit of both the Customer and Owner. Failure to carry the required insurance is a breach of this agreement and Customer assumes all risk of loss to the vehicle that would be covered by such insurance. Customer expressly agrees that the

insurance company providing such insurance shall not be subrogated to any claim of Customer against Owner,

Owner's agents or employees for loss of or damage to any vehicle.

Initials:

Customer understands and agrees that A-1 Car Storage is only liable for loss of or damage to the vehicle caused by the willful and negligent acts of its employees. A-1 Car Storage carries insurance to cover such risks. Customer understands that A-1 Car Storage carries insurance with limits not in excess of \$15,000 per stored vehicle, and that A-1 Car Storage's responsibility for loss or damage to Customer's vehicle shall be subject to such limits as well as other exclusions of its insurance coverage. A-1 Car Storage is not liable for any loss of or damage to any personal property or after-market electronics left in the vehicle. Customer understands that only factory installed equipment is included in the protection of A-1 Car Storage's insurance. A-1 Car Storage is also not liable for any physical, structural, or mechanical defects or damage to the vehicle, or the failure of any part of the vehicle to properly function, regardless of when such defects or problems arise. Any vehicle insurance carried by Customer shall be primary for any loss of or damage to the stored vehicle and claim must be made under that policy before A-1 Car Storage shall have any liability.

- 7. If any part of the rent or other charges due from Customer remains unpaid for 14 consecutive days, A-1 Car Storage may terminate this agreement by sending a written notice to customer's billing address. Customer must notify A-1 Car Storage in writing if Customer wishes to receive notice at a different address.
- 8. Customer grants A-1 Car Storage a lien on the stored vehicle for rent, fees and other charges. The lien shall be enforced pursuant to California Department of Motor Vehicle procedures then in effect for the sale of vehicles pursuant to Civil Code Section 3071. If A-1 Car Storage is forced to conduct a lien sale on Customer's vehicle because of unpaid amounts due, an additional charge of \$500 will be billed to Customer upon the sale.

| 9. Customer understands A-1 Car Storage is not responsible for personal effects or belongings left in the vehicle.   |
|--|
| 10. Are there any mechanical defects? Yes No If yes, describe below.   |
| 11. Do you, Customer, have a lien on this vehicle? Yes No If yes, with whom? DNW Financial   |
| 12. OPTIONS: DetailingVehicle Wash Monthly start up Tire pressure check  |
| Total Cost of Options: #0 This amount will be added to the monthly storage rent.   |
| NOTE: PROVIDERS OF WASHING AND DETAILING SERVICES ARE INDEPENDENT FROM A-1 CAR STORAGE.<br>A-1 CAR STORAGE SHALL NOT BE RESPONSIBLE FOR THE QUALITY OF WORK BY SUCH SERVICE<br>PROVIDERS, NOR SHALL A-1 CAR STORAGE BE RESPONSIBLE FOR ANY DAMAGE OR LOSS CAUSED BY<br>SUCH SERVICE PROVIDERS REGARDLESS HOW CAUSED.   |
| 13. UPON MOVE-OUT OF CUSTOMER'S VEHICLE ONLY CASH OR CREDIT CARD WILL BE ACCEPTED.   |
| 14. Customer or Customer's agent and A-1 Car Storage have inspected the stored vehicle on the date it is stored at A-1 Car Storage and have described its condition in the Vehicle Inspection Form which is attached to and made part of this agreement. Customer and A-1 Car Storage agree that they are bound by the description of vehicle's condition described in the Vehicle Inspection Form last executed by the parties. |
|  |
| , Customer, bave read and understood the above and agree to its terms.   |
| Signed Dated Donusry 8, 2017   |
| (Customer) Signed Man 18-17  |

(Agent - A-1 Car Storage)



## RULES AND REGULATIONS

- 1. ACCESS HOURS ARE 6:00 AM TO 10:00 PM SEVEN DAYS A WEEK. You must be completely off the grounds by 10:00 pm. The gates "lock down" at 10:00 pm and tenants on the grounds after that will not be able to exit via the main gate. For everyone's protection and the security of the property, Tenants on the grounds before or after those hours will be considered trespassing and will be evicted. The landford is not responsible for releasing any vehicle that is on the grounds after posted hours.
- 2. THERE IS NO STORAGE OF HAZARDOUS MATERIALS OR FLAMMABLES. Paint, gasoline, solvents, chemicals, etc. are not permitted on the grounds.
- THERE IS NO SMOKING ANYWHERE ON THE GROUNDS.
- 4. ITEMS IN YOUR UNIT MAY NOT BE STACKED WITHIN 18" OF THE FIRE SPRINKLER HEADS AND ITEMS (INCLUDING CLOTHES) CANNOT BE HUNG FROM THE SPRINKLER PIPES.
- 5. THERE IS NO STORAGE OF FOOD, PERISHABLE ITEMS OR LIVE ANIMALS.
- 6. ALCOHOLIC BEVERAGES ARE NOT PERMITTED ON THE GROUNDS.
- 7. SECURITY. Your unit contains a door alarm. If you fail to enter your code at the gate/entry door the door alarm will be activated. Under some limited circumstances police may be notified based on a door alarm. The door alarm is not a burgiar alarm but is merely intended to maintain a record of door activity on your unit. To insure the proper operation of door alarms it is important that you enter your gate code every time you enter or exit the grounds.
- 8. ANIMALS ARE NOT ALLOWED ON THE GROUNDS.
- 9. THERE IS NO WORKING OUT OF YOUR UNIT. This is a storage facility and may not be used as a working garage or office. Use of power tools, welding equipment, etc. is prohibited as is working on automobiles in any way. Tenants may not use the landlord's electricity without the express permission of the landlord.
- 10. THERE IS NO SLEEPING IN YOUR UNIT OR LOITERING ON THE GROUNDS. You may not be in your unit with the door closed for any reason.
- 11. ANY BREACH OF THE PEACE OR VIOLATION OF ANY OF THESE RULES IS GROUNDS FOR IMMEDIATE EXICTION.
- 12. LOST KEYS. The keys to your lock are the responsibility of the tenant. If you lose or misplace your key(s), you must contact a professional locksmith to have the lock removed. Under no circumstance may the Tenant attempt to remove the lock without the key.
- 13. ADDITIONAL AND/OR DELINQUENCY CHARGES: In the event your unit becomes delinquent we are required to take a number of additional actions and many of these actions have costs associated with them. As a result you may be subject to the following fees: A car de-storage fee of \$50 will be charged if 72 hours advance notice is not given.

Late payments will be subject to the following charges (late is more than 10 days past due for each period):

If rental rate is less than \$60 late fee = \$10.00

If rental rate is \$60 to less than 150.00 late fee = \$15.00

if rental rate is \$150.00 or more late fee = \$20.00

Other possible fees:

Preliminary lien fee:

\$10.00

Lien notice fee:

\$10.00

Auction preparation fee (inventory & lock cutting):

\$75,00 \$15 to \$100

Auction Advertising fee (varies based on Publication):

20% of gross sale price

DATE

Auctioneer's Fee:

Auction cleaning & processing fee: \$100.00 Dumping fee:

\$75

**NSF Fee:** 

LANDLORD'S AGENT

DATE

FNOTOSIPE

# A-1 Self Storage Agreement for Binding Arbitration of Claims Addendum to Rental Agreement

This addendum between <u>Sharonda L. Tyson</u> (Tenant) and A-1 Self Storage (Landlord), Landlord's agents and employees is made a part of the Rental Agreement for Space number <u>4024</u>. The parties agree as follows:

BINDING ARBITRATION: Except as provided below, Landlord and Tenant agree that:

- Except as otherwise specified below, any claim or dispute between the Parties, whether in contract, tort, statute or otherwise, including the Interpretation and scope of this Arbitration Agreement, shall be decided by binding arbitration and not in court or by jury trial.
- The Parties understand that discovery and rights to appeal in arbitration are generally more limited than in a lawsuit. Claims are decided by an arbitration rather than a jury.

CLASS ACTION WAIVER: LANDLORD AND TENANT AGREE THAT THEY WILL ONLY PURSUE ARBITRATION ON AN INDIVIDUAL BASIS AND WILL NOT PURSUE ARBITRATION OR ANY OTHER CLAIM ON A CLASS-WIDE, REPRESENTATIVE, OR CONSOLIDATED BASIS. NO ARBITRATOR SHALL HAVE AUTHORITY TO HEAR ANY DISPUTE INVOLVING LANDLORD AND TENANT ON ANYTHING OTHER THAN AN INDIVIDUAL BASIS. THIS INCLUDES AN ACTION BROUGHT BY ANOTHER TENANT ON A CLASS BASIS IN WHICH TENANT WOULD PARTICIPATE AS A CLASS MEMBER.

SELF-HELP AND RIGHT TO GO TO SMALL CLAIMS COURT: Notwithstanding the general rule-requiring arbitration of disputes, both Landlord and Tenant retain any rights (1) to self-help remedies, such as foreclosure upon a lien, and (2) to pursue a claim in small claims court with an amount in controversy that qualifies for small claims court. However, if such a claim is transferred, removed or appealed to a different court, either party may require that the matter be decided in arbitration.

GOVERNING LAW AND RULES: The Parties agree that the Federal Arbitration Act (FAA) shall govern the enforcement of this arbitration agreement. Unless governing law bars the shortening of a statute of limitations, any arbitration must be brought within the time set by the applicable statute of limitations for the type of claim brought or within twelve (12) months of Tenant vacating the rented space, whichever occurs first. The arbitration shall be conducted by a single arbitrator selected by the parties in accordance with the JAMS Streamlined Arbitration Rules and Consumer Minimum Standards. The JAMS arbitration procedure may be found at <a href="https://www.jamsadr.org">www.jamsadr.org</a>. If for any reason JAMS is unavailable to conduct the arbitration, then arbitration shall be conducted by the American Arbitration Association in accordance with the AAA Consumer Arbitration Rules, which may be found at <a href="https://www.adr.org">www.adr.org</a>.

**SEVERABILITY:** Should any provision within this agreement be deemed unenforceable or contrary to governing law, the parties agree that the provision should be severed and the remaining provision of the agreement shall still be enforced to the full extent permissible under the law.

EFFECT OF YOUR AGREEMENT TO ARBITRATION: BY ENTERING INTO THIS AGREEMENT, TENANT UNDERSTANDS THAT LANDLORD AND TENANT SHALL NOT HAVE THE RIGHT TO LITIGATE CLAIMS OR LAWSUITS IN COURT OR TO HAVE A JURY TRIAL AND MAY NOT PURSUE CLAIM ON A CLASS, REPRESENTATIVE OR COLLECTIVE BASIS.

MSELE STOP A SELECTION O1/08/2017

-10SELF-STORAGE, LANDLORD/AGENT

Date

01/08/2017

Page **4** of **4** 



# AGREEMENT ADDENDUM

Waiver of Service Members Civil Relief Act Rights

| i, Transfer of the United State  | CS.  |
|--|------|
| military, Department of Defense number 51670966 and I am current                           | ly   |
| on active duty status. I have entered into a contract for the rental of self storage space | ce   |
| number 1021/, from A-1 Self Storage. I hereby waive all my rights provided und             | er   |
| the Service Members Civil Relief Act and equivalent state laws that apply to the rental    | of   |
| a self storage space. I specifically waive my rights affecting the self storage operator   | .'\$ |
| lien remedy provided under the laws of this state. I have been advised that under sta      |      |
| law, my stored property may be sold if I fail to pay rent when due. I understand that      | by   |
| waiving my rights under the SCRA the self storage facility owner has the legal rig         | ht   |
| under state law to sell my stored property without first obtaining a court order.          |      |
|  |      |
| 19th March Michael Control   |      |
| Unit of Assignment: St Marke Arcast wirg   |      |
|  |      |
| Name of Company Commander: Chod (h. Kigh)  |      |
| Phone Number of Company Commander: 315-645-9164  |      |
| Prione Number of Company Commander: 513 413 1144   |      |
| t .  |      |
|  |      |
| Strugg. Danging 8, Don   |      |
| Signature of Tenant Date   |      |
|  |      |
| Ma and CA  |      |
| M CAUSA ()   |      |
| Signature of Owner's Agent Date  |      |
|  |      |

\*\*This form is only to be completed by active service members, reservists, or National Guardsmen.

# A-1 Car Storage Addendum to Rental Agreement ! Authorization for 3<sup>rd</sup> party pick up and/or drop off of a vehicle 2235 Pacific Highway San Diego, CA 92101 619-696-6616 email: a1pacifichighway@a1storage.com

|  | Unit Number: 4004   |
|--|---|
| "Customer" hereby authorizes (print name of person authorized to drop off or pick up the veh   | 90140<br>to:  |
| Drop Off Pick up the vehicle described below.  | •   |
| In signing this form "Customer" is authorizing A-1 Car Storage to accept the referenced versuthorized above or to release the vehicle to said person. Further, "Customer" is authorizing as their agent in inspecting the vehicle and completing the vehicle inspection form which wagreement. | nicle from the personing the above person to act lill become part of the rental |
| Vehicle to be dropped off or picked up:  | •   |
| Vehicle: Make MINI Model Corpor Configuration 5 Year 2015:   | color White.  |
| Lic. Plate No. ついからはの Date put in storage 01 100 1201 Estimated Rem  | oval Date//   |
| I, Customer, have read and understood the above and agree to its terms.  |   |
| Signed Customer) Dated Curum   | y 8.2017  |
| Signed (Agent A-1 Car Storage) Dated - 8   | 5-17  |

## SPRINGHILL SUITES®

MARRIOTT

SPRINGHILL SUITES BY MARRIOTT®
1801 S Harbor Blvd., Anaheim, ÇA 92802 P 714.533.2101
springhillsuites.com

Tyson Room 535

Room Type: EXQS

Number of Guests:

Rate \$165.00 Clerks

rate a topolo at the second

ve: 08Jan17 Time: 03:27PM Depart: 10Jan17 Time: Folio Number: 87911

| DATE   | DESCRIPTION  | CHARGES  | CREDITS |
|--|--|--|---------|
| 08Jan17<br>08Jan17<br>08Jan17<br>08Jan17<br>08Jan17<br>09Jan17<br>09Jan17<br>09Jan17<br>09Jan17<br>09Jan17 | Room Charge City Tax Anaheim TID CA Local Tourism Fee Tourism Tid Room Charge City Tax Anaheim TID CA Local Tourism Fee Tourism Tax Tourism Tid Visa | 165.00<br>24.75<br>3.30<br>0.40<br>0.06<br>0.01<br>165.00<br>24.75<br>3.30<br>0.40<br>0.06<br>0.01 | 387,04  |
|  | · Card #   | !: V/XXXXXXXXXXXXXXX9602/XXXX  |         |

Amount: 387.04 Auth: 025547 Signature on File This card was electronically swiped on 08Jan17

BALANCE: 0.00

Rewards Account # XXXXX5761. Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

As requested, a final copy of your bill will be emailed to you at: MXXXXXXXXXXXXXXQGMAIL..COM. See "Internet Privacy Statement" on Marriott.com.

Operated under license from Marriott International, Inc. or one of its affiliates.

ENCLOGURE (18)

| TEMP  | ORARY LODGING   | E EXPENSE (T                                      | LE) W                               | ORKSHEET           | •        |
|---|---|---|-------------------------------------|--------------------|----------|
|   | A LTYSON RE   |   | •                                   |                    | •        |
| "I certify that temp<br>that if I used comm | orary lodging was used from j<br>ercial lodging that governmen        | 2 <u>0170100</u> to_<br>t lodging was not availal | 201701<br>ble for use               | and I also certify | <b>y</b> |
| City, state, and ZIP                        | lodging facility: SVIN<br>code: 1801 5 HARBOR<br>area code: 714 - 535 | DINO HUNDLEILA                                    | ES<br>CA                            | 92802              | <i>:</i> |
| •   |   | Number of dependent                               | s occupyin                          | g TLF              | 7        |
| Date<br>YYMMDD)                             | Lodging amount<br>Including taxes                                     | Over 12 years old                                 | Ţ                                   | Under 12 years old |          |
| 170108                                      | 193.52  | 1   |                                     | •                  |          |
| 1701.09                                     | 193.52  |   |                                     |                    | _        |
| <u> </u>                                    |   | ļ   |                                     |                    | <u>.</u> |
|   |   | 200   | _                                   |                    | <u> </u> |
| "I certify that all of                      | the above information is corr   | ect:  | Signature                           | /Date              | 20170201 |
|   | DISBURSING  | GOFFICE USE                                       | ONLY                                |                    |          |
| Area Rate: 1) Cit                           | y/state:  | Max Lod   | <b>5</b> ;                          | M&IE:              | _        |
| 1. Determine maxir                          | mum rates (given percentage x   | locality rate)                                    |                                     |                    | 7        |
|   | M&IE  | ì   | %                                   | × =×               |          |
|   | Lodging   | %   | x=                                  |                    |          |
|   | lodging cost (including taxes) trafe. Use the lesser.                 |   | vs. <u>\$</u> to be paid: <u>\$</u> |                    |          |
| 3. Add the Step 1 N                         | A&IE to the selected Step 2 loc                                       | <u>s</u>  | +\$=                                | -                  |          |
| 4. Compare \$180.0                          | 00 with the Step 3 amount and   | pay the lesser amount                             | \$180.00                            | vs. <u>\$</u>      |          |

| Occupancy percentages: | Member or 1 dependent                            | 65%  |
|------------------------|--|------|
|                        | Member and 1 dependent, or 2 dependents only     | 100% |
|                        | For each additional dependent 12 and over, add:  | 35%  |
| •                      | For each additional dependent 12 and under, add: | 25%  |

| TRAVEL VOUCHER OR SUBVOUCHER   for   |  |                       |                         |                  | form            | . Use type<br>:e is neede | write<br>d. ca  | ក ព្រៃស<br>សមារម      | nt, Penalty St<br>or ball point ;<br>in remarks. | en. PRE             | SS HAR                          | B, DO NO             | 1 450          | pencii             | . If more      |  |   |
|--|--|-----------------------|-------------------------|------------------|-----------------|---------------------------|-----------------|-----------------------|--|---------------------|---------------------------------|----------------------|----------------|--------------------|----------------|--|---|
|  |  |                       |                         |                  |                 |                           | y cirocily to t | te Gov                | vennme   | nt Travel Charge    | Card (GTC)                      | C) contrac           | or the portion | of you             | r reimb        | resment<br>onel are required                 |   |
| 1. PAYMENT  SPLIT DISSURSEMENT: The Paying Office will pay  representing travel charges for transportation, lodging, an  to designate a payment that equals the total of their critics  NOTE: A split disbursement is only necessary |  |                       |                         |                  |                 |                           | puqua gove      | mmeni                 | tavel  | card balance to the | a GTCC or                       | antractor.           |                |                    | , ,            | .  |   |
| <u> </u>   | Paymoni by Check X Pay the following amount of this reimburser |                       |                         |                  |                 |                           |                 |                       | STCU<br>WAL                                      | : 15 US<br>ha Gn    | ea walle on ol<br>vemment Travi | si Chama<br>Pi Chama | Card co        | aluscion:          | \$             | 316  | 3.95  |
|  |  |                       | (vital) (Pdn) o         |                  | g antour        | roi mis lêt               | 3.GRA           |                       | 14.5   |                     | TCHINIZIK HAT                   | a Chiange            | S. TYPE        | OF PAYMEN          |                |  |   |
| TYSO   | N SI   | IARONI                | DA L                    | . Ilbal          |                 |                           |                 | E-7                   | 26   |                     | -2736                           |                      | Π              | Ϋ́                 | X              | Memb   | er/Employee                                   |
|  |  | . NUMBER A            |                         |                  | FPO             |                           |                 |                       | c.2  | AP                  | 963                             | L                    | X              | :s<br>ipėnčen(s)   | ×              | Other<br>DIA                                 | ·   |
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| AREA   | CODE   | CLF MONE IV           | OMDEI C                 | M7000            | 217CI           | 132MP                     |                 | ADVAN                 |  |                     |                                 |                      |                |                    |                |  |   |
| \$1, ORG/  | MZAT   | TZ DILA KOT           |                         |                  | •               |                           |                 | Ì                     |  |                     |                                 |                      | b. SUB         | VOUCHER N          | пик≕           | κ.   |   |
|  |  |                       |                         | ARDIV            |                 | <del></del>               |                 | 40 0705               | -  | THE RIVE            | RESS ON RECE                    | DOT OF               | c. PAI         |                    |                |  |   |
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| -  | _  | ANIED                 |                         | b. RELATIO       | CCOMPA          | G DATE OF                 | BIRTH           | 3405 \$               | ISTI   | NA.                 | WAY UNII                        | 3                    |                |                    |                |  |   |
|  |  | et, First, Wide<br>To | ne corono               | SPO              |                 | 20051                     |                 | OCEAR                 | NSĖ  | DE C                | A 92056                         |                      |                |                    |                |  | • •   |
| DONY   |  |                       |                         | SO               |                 | 20141                     |                 | 1                     |  |                     |                                 |                      |                |                    |                |  | ŀ   |
|  |  | THERS                 | , —                     |                  |                 | 201-12                    | ULD             | 14, HAVE              | ЮПЭ  | EHOLÊ               | GOODS BEEN                      | HIPPED?              | d. CO1         | PUTATIONS          | ,              |  |   |
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| 15. ITINE  | RARY   |                       |                         |                  | - 1             |                           |                 | MEANS                 | 1 6  | SON                 | e.                              | Ĺ                    | 1101.          | <u>,,,, 00,,,,</u> |                |  |   |
| 2017   |  | b, PLAC               | E (Homo, Offi<br>City s | ice, Base, Ac    | lutty, City i   | end State;                |                 | MODE OF<br>TRAVEL     | FC   | or I                | LODGING                         | POC                  |                |                    |                |  |   |
| 0105   | DEP  | SAN DIE               |                         |                  | .,_,            |                           | •               | PA                    |  |                     |                                 |                      |                |                    |                |  |   |
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| 0108   | DEP  |                       |                         |                  |                 |                           |                 | PA                    |  |                     |                                 | n ee                 |                |                    |                |  |   |
| 0108   | ARR  | LOS ANO               | BELES CA                |                  | ,               | -                         |                 | 186                   | L  | V.                  |                                 |                      |                |                    |                |  |   |
| 0110   | DEP  |                       |                         |                  |                 |                           |                 | PA                    |  |                     |                                 |                      |                |                    |                |  |   |
| 0110   | ARR  | LOS ANO               | FLES AIR                | PORT             |                 | •                         |                 |                       | Á  | T                   |                                 |                      |                |                    |                |  |   |
| 0110   | DEP  | -                     | <i>:</i>                |                  |                 |                           |                 | CP CP                 |  | 禮籍                  |                                 |                      |                |                    |                |  |   |
| 0111   | ARR  | OKINAN                | /A JP                   |                  |                 | •                         |                 | 200                   |  | C                   |                                 | 20-20 V.G.11246      |                |                    |                |  |   |
|  | D≊P  |                       | <u> </u>                | ·                |                 |                           |                 | CANADA AND AND AND    |  |                     |                                 |                      |                |                    |                |  |   |
| <b>_</b>   | ARR  |                       |                         |                  |                 |                           |                 | e. SUMMARY OF PAYMENT |  |                     |                                 |                      |                |                    |                |  |   |
| ļ  | DEP  |                       |                         |                  |                 |                           |                 | THE PERSONS           |  | 4                   |                                 | <b>BR88</b>          |                |                    | V100           | <u>"                                    </u> |   |
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| 16. PDC  |  | THE EXPEN             |                         | CPEROLIC         |                 | 1 / 57                    | SSERG           | en .                  |  | .,                  |                                 |                      | (5) DL         |                    |                | 十  |   |
| 8. DA  |  |                       | b, NAYURE O             | E EXPENSE        |                 | g, AM                     | TUNT            | d ALLOY               | VED  |                     | 12 HOURS OR                     | LESS                 | _              | mbursable Ex       | pensas         | ,  | - "-  |
| 20170  |  | AIRFAR                | <del></del>             | · CA E COG       |                 |                           | 60.95           |                       |  |                     | MORETHAN 12                     | untipe               | (7) To         |                    | -              |  | 0.00  |
| 20170  | 110  | AIKTAI                | <u> </u>                |                  |                 | 1                         | 00.55           | <del>  .      </del>  |  |                     | BUT 24 HOURS                    |                      |                | s Advance          |                | _†   |   |
| <u> </u>   |  |                       |                         |                  |                 | <del></del>               |                 | 1                     |  |                     |                                 |                      | (9) Am         | ServO Inuc         |                |  | 0.00  |
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| <del> </del>   |  |                       |                         |                  |                 |                           |                 | 1                     |  | 19. G               | OVERNMENT/DE                    | ристиви              | MEALS          | <u></u>            |                |  |   |
|  |  |                       |                         |                  | -               | ·                         |                 |                       | _  |                     | a. DATE                         | 5, NO. C             | FMEALS         | 0.1                | DATE           |  | k. No. of Meals                               |
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| <u> </u>   |  |                       |                         | <u> </u>         |                 |                           |                 |                       |  |                     |                                 |                      |                |                    |                | [  |   |
| 20,±. CL/  | UMAN   | r SIGNATUR            |                         |                  | <del>አ</del> ሎ  |                           |                 |                       |  |                     |                                 | -                    |                |                    |                |  | 5,0ATE<br>20170113                            |
| E REVIE  | WER'S  | PRINTED N             | AME V                   | <del>- 7</del> ( | <u> </u>        | d SIGN                    | ATURE           |                       | 1  |                     | 7                               |                      | o. TEL         | PHONE NU           |                |  | L DATE  |
| 1  | 18   |                       | 1000C                   | $\sim$           |                 | 1                         | ~               |                       | F  | 78                  | <del>/</del>                    |                      |                | 645-79             |                |  | 20170113                                      |
| 21.2. APPROVING OFFICIAL'S PRINTED NAME b. SIGNATURE   |  |                       |                         |                  |                 | -/                        | Ji              | 1                     | •  | C. TEL              | PHONE KU                        |                      |                | d, DATE            |                |  |   |
| CESTOW THE   |  |                       |                         |                  |                 |                           | <u> </u>        | ℀                     |  |                     |                                 | 645-79               | 14             |                    | 20170113       |  |   |
| 22. ACC  | ווזאעכ   | KG CLASSIF            | ICATION                 |                  |                 |                           |                 |                       |  | //                  | -                               |                      |                |                    |                |  |   |
| 23. COL  | ECTIC  | DATA M                | .,                      |                  |                 | ·                         | <u> </u>        |                       | _  | -                   |                                 |                      |                |                    |                |  |   |
|  |  |                       |                         |                  |                 |                           |                 |                       |  |                     | ·                               |                      |                |                    |                |  |   |
| 24. COM  | PUTEC  | ΕY                    | 25, AUDITED             | BY               | 25. TRV<br>AUTH | AVEL ORDE<br>CRIZATION    | POSTE           | D BY 27, R            | ECEN   | ÆD (P               | ayee Signature si               | nd Date or 0         | Check No.      | ]                  | 2              | . ABC  | UNTPAID                                       |
| <u></u>  | =  |                       | 44444                   | 244              | <u> </u>        |                           | estra End or a  | OUS EDMIC             | SN IS  | non-                | OLETE .                         |                      |                | reofina la SR      | 1012 =         | n natrivi-                                   | by GSAIRMS 12-91                              |
| DD FO  | )RM  | 1351-2                | <u>, MAY 2</u>          | บวา              |                 |                           | rrævi(          |                       | 74 K   |                     | مت اشامان                       |                      | <b>م</b> ت     | h== 10 0+).        | ,_, <u>_</u> _ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,      | i by GSAIRMS 12-91,<br>clobe Professional 8.0 |



# **USMC WEB ORDERS**

| PERSONALIORDERS INFORMATION TO THE PERSONALIOR OF T |                        |
|--|------------------------|
| NAME:  | TYSON, SHARONDA, L     |
| RANK:  | E7                     |
| SSN:   | 0260452736             |
| PMOS   | 4691                   |
| FUTURE MCC   | 124                    |
| ESTIMATED DATE OF DEPARTURE:   | 12/23/2016 12:00:00 AM |
| ESTIMATED DATE OF ARRIVAL:   | 1/22/2017 12:00:00 AM  |
| I ISSUED DATE  | 11/30/2016 5:34:00 PM  |
| PRESENT MCC:   | 143                    |
| PRESENT MCC DESCRIPTION:   | 3DMAW MIRAMAR CA       |

| MOTES TRANSACTION IN  | FORMATION CONTRACTOR |                                       |  |
|---|----------------------|---------------------------------------|--|
| TRANSACTION DATE<br>10/13/2016 2:45:00 PM<br>11/28/2016 2:57:00 PM<br>11/30/2016 5:34:00 PM | -                    | TRANSACTION TYPE<br>010<br>011<br>011 |  |

«« ORDERS HAVE BEEN MODIFIED >>> DATE DESIGNATED DIRECT AND TRANSFER MARINE TO PROCEED AND REPORT NOT EARLIER THAN 23 DEC 2016 AND REPORT NOT LATER THAN 22 JAN 2017 TO 3DMARDIV OKINAWA JAPAN (MCC 124) FOR DUTY IN BILLET MOS 4891. THE STANDARD TOUR OF DUTY FOR THIS ASSIGNMENT IS 36 MONTHS, PRIOR TO TRANSFER SMM MUST HAVE SUFFICIENT OBLIGATED SERVICE TO COMPLETE ASSIGNED TOUR LENGTH. THESE ORDERS ARE NOT AUTHORITY TO EXTEND/REENLIST EXCEPT IN ACCORDANCE WITH MCO P1040.34 J PAR 4200.2.B(3). IF SMM DOES NOT HAVE SUFFICIENT OBLIGATED SERVICE TO COMPLY WITH THE PRESCRIBED TOUR LENGTH AND WILL NOT EXTEND/REENLIST, DO NOT DETACH SMM AND NOTIFY MMEA VIA NAVAL MESSAGE WITHIN 20 DAYS OF RECEIPT OF ORDERS, UNIFORMED SERVICE MEMBERS ARE REQUIRED TO SCHEDULE TRAVEL, VIA TMO/CTO FOR OFFICIAL TRAVEL IAW PAR U3125 OF THE JOINT FEDERAL TRAVEL REGULATIONS (JFTR). MARINES ARE DIRECTED TO TRAVEL VIA PATRIOT EXPRESS (PE) FLIGHTS CONTRACTED THROUGH AIR MOBILITY COMMAND (AMC) AND COORDINATED VIA TMO/CTO. IN CASES WHEN AMC/PE IS NOT AVAILABLE OR IT HAS BEEN DEEMED MISSION CRITICAL THAT ARRIVAL IS EARLIER THAN WHAT THE AMC/PE FLIGHT WOULD ALLOW, NON AMC/PE AIR TRAVEL MUST BE COORDINATED VIA TMO/CTO. PER MGO P3302.1C ENSURE ANTI-TERRORIST TRAINING IS COMPLETED PRIOR TO DETACHMENT AND ANNOTATE VIA PAGE 11 ENTRY, ENSURE SERVICE RECORDS AND HEALTH RECORDS ACCOMPANY SMM. IF SMM IS SERVING AN ACCOMPANIED TOUR, ENSURE THAT BASIC ORDERS OR ENDORSEMENTS SHOW FULL NAME AND RELATIONSHIP OF ALL FAMILY MEMBERS ACCOMPANYING SMM. SMM IS DIRECTED TO APPLY FOR A NO-FEE PASSPORT AND REQUEST PASSPORTS FOR FAMILY MEMBERS. ENSURE EACH SERVICE AND FAMILY MEMBERS IS SCREENED FOR AREA CLEARANCE WITHIN SO DAYS OF RECEIPT OF TRANSFER ORDERS. SMM MUST HAVE APPROVED AREA CLEARANCE PER MCO P100.06 AND BE FOUND MEDICALLY QUALIFIED PER BUMEDINST 1300.2A PRIOR TO DETACHING CURRENT COMMAND. SERVICE MEMBER AND FAMILY MEMBERS WILL NOT TRANSFER UNTIL SEATORY COMPLETION OF ALL ASPECTS OF THE SUITABILITY PROCESS. FOR RELOCATION ASSISTANCE PROM THE US (IN CONUS): 1-800-3

HTTPS://WWW.MANPOWER.USMC.MIL/PORTAL/PAGE/PORTAL/M\_RA\_HOME/MF/FAMILY%20CARE/SCHOOL%20LIAISON%20PROGRAM.
AMC-PE USAGE, IF AVAILABLE, IS DIRECTED FOR ALL UNIFORMED PERSONNEL. YOU ARE ALSO REMINDED THAT ARRANGEMENT OF ALL
OFFICIAL TRANSPORTATION THROUGH AN AVAILABLE COMMERCIAL TRAVEL OFFICE (CTO)/DISTRIBUTION MANAGEMENT OFFICE (DMD) IS
MANDATORY.

<<< ORDERS HAVE BEEN MODIFIED >>> DATE DESIGNATED DIRECT AND TRANSFER MARINE TO PROCEED AND REPORT NOT EARLIER THAN 23 DEC 2018 AND REPORT NOT LATER THAN 22 JAN 2017 TO 1STMAW OKINAWA JAPAN (MCC 145) FOR DUTY IN BILLET MOS 4691. THE STANDARD TOUR OF DUTY FOR THIS ASSIGNMENT IS 36 MONTHS, PRIOR TO TRANSFER SNM MUST HAVE SUFFICIENT OBLIGATED SERVICE TO COMPLETE ASSIGNMENT IS 36 MONTHS, PRIOR TO TRANSFER SNM MUST HAVE SUFFICIENT OBLIGATED SERVICE TO COMPLY WITH THE PRESCRIBED TOUR WITH MCO P1040.31) PAR 4200.2.B(3). IF SNM DOES NOT HAVE SUFFICIENT OBLIGATED SERVICE TO COMPLY WITH THE PRESCRIBED TOUR LENGTH AND WILL NOT EXTENDIREBNLIST, DO NOT DETACH SNM AND NOTIFY MMEA VIA NAVAL MESSAGE WITHIN 20 DAYS OF RECEIPT OF ORDERS. UNIFORMED SERVICE MEMBERS ARE REQUIRED TO SCHEDULE TRAVEL VIA TMO/CTO FOR OFFICIAL TRAVEL IAW PAR U3125 OF THE JOINT FEDERAL TRAVEL REGULATIONS (JFTR). MARINES ARE DIRECTED TO TRAVEL VIA PARRIOT EXPRESS (PE) FLIGHTS CONTRACTED THROUGH AIR MOBILITY COMMAND (AMC) AND COORDINATED VIA TMO/CTO. IN CASES WHEN AMC/PE IS NOT AVAILABLE OR TRAVEL MUST BE COORDINATED VIA TMO/CTO. PER MCO P3302.1C ENSURE ANTI-TERRORIST TRAINING IS COMPLETED PRIOR TO DETACHMENT AND ANNOTATE VIA PAGE 11 ENTRY. ENSURE SERVICE RECORDS AND HEALTH RECORDS ACCOMPANY SNM, IF SNM IS SERVING AN ACCOMPANIED TOUR, ENSURE THAT BASIC ORDERS OR ENDORSEMENTS SHOW FULL NAME AND RELATIONSHIP OF ALL FAMILY MEMBERS ACCOMPANYING SNM, SNM IS DIRECTED TO APPLY FOR A NO-FEE PASSPORT AND REQUEST PASSPORTS FOR FAMILY MEMBERS. ENSURE EACH, SERVICE AND FAMILY MEMBER IS SCREENED FOR AREA CLEARANCE WITHIN 30 DAYS OF RECEIPT OF TRANSFER ORDERS, SNM MUST HAVE APPROVED AREA CLEARANCE PER MCO P1000.6G AND BE FOUND MEDICALLY QUALIFIED PER

BUMEDINST 1300.2A PRIOR TO DETACHING CURRENT COMMAND. SERVICE MEMBER AND FAMILY MEMBERS WILL NOT TRANSFER UNTIL SATISFACTORY COMPLETION OF ALL ASPECTS OF THE SUITABILITY PROCESS, FOR RELOCATION ASSISTANCE INFORMATION PRIOR TO PCS, SEE YOUR INSTALLATION RELOCATION ASSISTANCE PROGRAM MANAGER, OR CONTACT MILITARY ONE SOURCE AT: FROM THE US (IN CONUS): 1-800-342-9647 OVERSEAS COLLECT (COCONUS COLLECT): 484-530-598. MILITARY ONE SOURCE CAN ALSO BE ACCESSED ON THE WEB AT WWW.MILITARYONESOURCE.COM. MARINE IS ENCOURAGED TO ACCESS THE MOST CURRENT INFORMATION ON FAMILY MEMBER TRICARE PRIME, AND TRANSFER THEIR ENROLLMENT TO THE NEW REGION VIA THE ONLINE WEB SITE AT WWW.TRICARE.MILIENROLLMENT. IF YOU HAVE SCHOOL AGED DEPENDENTS THAT WILL ACCOMPANY YOU ON THESE ORDERS, ENSURE YOU CHECK OUT AND CHECK IN WITH THE INSTALLATION SCHOOL LIAISONS TO ASSIST IN THE EDUCATIONAL TRANSITION OF YOUR STUDENT. A LISTING OF SCHOOL LIAISONS CAN BE FOUND AT HTTPS://WWW.MANPOWER.USMC.MIL/PORTAL/PAGE/PORTAL/M\_RA\_HOME/MF/FAMILY%20CARE/SCHOOL%20LIAISON%20PROGRAM, AMC-PE-USAGE, IF AVAILABLE, IS DIRECTED FOR ALL UNIFORMED PERSONNEL, YOU ARE ALSO REMINDED THAT.ARRANGEMENT OF ALL OFFICIAL TRANSPORTATION THROUGH AN AVAILABLE COMMERCIAL TRAVEL OFFICE (CTO)/DISTRIBUTION MANAGEMENT OFFICE (DMO) IS MANDATORY.

DATE DESIGNATED DIRECT AND TRANSFER MARINE TO PROCEED AND REPORT NOT EARLIER THAN 13 FEB 2017 AND REPORT NOT LATER. THAN 15 MAR 2017 TO 1STMAW OKINAWA JAPAN (MCC 145) FOR DUTY IN BILLET MOS 4691. THE STANDARD TOUR OF DUTY FOR THIS ASSIGNMENT IS 38 MONTHS. PRIOR TO TRANSFER SNM MUST HAVE SUFFICIENT OBLIGATED SERVICE TO COMPLETE ASSIGNED TOUR LENGTH. THESE ORDERS ARE NOT AUTHORITY TO EXTENDREENLIST EXCEPT IN ACCORDANCE WITH MCO P1402.31 PAR 4200.2.B(3). IF SNM DOES NOT HAVE SUFFICIENT OBLIGATED SERVICE TO COMPLY WITH THE PRESCRIBED TOUR LENGTH AND WILL NOT EXTENDIRED. SUFFICIENT OBLIGATED SERVICE TO COMPLY WITH THE PRESCRIBED TOUR LENGTH AND WILL NOT EXTENDIRED. TO NOT DETACH SNM AND NOTIFY MMEA VIA NAVAL MESSAGE WITHIN 20 DAYS OF RECEIPT OF ORDERS. UNIFORMED SERVICE MEMBERS ARE REQUIRED TO SCHEDULE TRAVEL IVA TMO/CTO FOR OFFICIAL TRAVEL IAW PAR 1912S OF THE JOINT FEDERAL TRAVEL REGULATIONS (JFTR). MARINES ARE DIRECTED TO TRAVEL VIA PATRIOT EXPRESS (PE) FLIGHTS CONTRACTED THE JOINT FEDERAL TRAVEL REGULATIONS (JFTR). MARINES ARE DIRECTED TO TRAVEL VIA PATRIOT EXPRESS (PE) FLIGHTS CONTRACTED THE JOINT FEDERAL TRAVEL HAVE ARE INTERDUCED THAN AND CHICACH THAT ARRIVAL IS EARLIER THAN WHAT THE AMCIPE FLIGHT WOULD ALLOW, NON AMCIPE AIR TRAVEL MUST BE COORDINATED VIA TMO/CTO. PER MCO P3302.1C ENSURE ANTI-TERRORIST TRAINING IS COMPLETED PRIOR TO DETACHMENT AND ANNOTATE VIA PAGE 11 ENTRY. ENSURE SERVICE RECORDS AND HEALTH RECORDS ACCOMPANY SNM, IF SNM IS SERVING AN ACCOMPANIED TOUR, ENSURE THAT BASIC ORDERS OR ENDORSEMENTS SHOW FULL NAME AND RELATIONSHIP OF ALL FAMILLY MEMBERS ACCOMPANYING SNM. SNM IS DIRECTED TO APPLY FOR A RO-FEE PASSPORT AND REQUEST PASSPORTS FOR FAMILLY MEMBERS ACCOMPANYING SNM. SNM IS DIRECTED TO APPLY FOR A RE-A CLEARANGE WITHIN 30 DAYS OF RECEIPT OF TRANSFER ORDERS. SNM MUST HAVE APPROVED AREA CLEARANCE PER MCO P1000.6G AND BE FOUND MEDICALLY OUALIFIED PER BUMEDINST 1300.2A PRIOR TO DETACHING CURRENT COMMAND. SERVICE MEMBER AND FAMILY MEMBERS WILL NOT TRANSFER UNTIL SATISFACTORY COMPLETION OF ALL AS

STUDENT. A LISTING OF SCHOOL LIAISONS CAN BE FOUND AT
HTTPS://www.manpower.usmc.mil/page/portal/m\_ra\_home/mf/family%20care/school/%20Liaison%20program.
AMC-PE USAGE, IF AVAILABLE, IS DIRECTED FOR ALL UNIFORMED PERSONNEL, YOU ARE ALSO REMINDED THAT ARRANGEMENT OF ALL
OFFICIAL TRANSPORTATION THROUGH AN AVAILABLE COMMERCIAL TRAVEL OFFICE (CTO)/DISTRIBUTION MANAGEMENT OFFICE (DMO) IS
MANDATORY.

MARINE CORPS ACTIVE DUTY PERMANENT CHANGE OF STATION (PCS) ORDERS HAVE BEEN ASSIGNED A STANDARD DOCUMENT NUMBER (SDN), CUSTOMER IDENTIFICATION CODE (CIC) AND LINES OF ACCOUNTING CONTAINING FISCAL YEAR, COS ASSOCIATED TO THIS ORDER IS TO BE RECORDED AND TRACKED UTILIZING THE SDN, CIC AND LOA'S ASSIGNED.

| CUSTOMER IDE<br>67000217CTB32                                     | MP :                         |       |        |     |      |              |      |       |                    |             |        | •            | -               |
|---|------------------------------|-------|--------|-----|------|--------------|------|-------|--------------------|-------------|--------|--------------|-----------------|
| <b>STITLESSHERS</b>   | <b>₹TAC</b>                  | FAGRN | . ×DC% | (EV | APPN | <b>TSUBF</b> | COBC | BENE  | SA TAAA            | FIC         | FRAAGS | EOST CODE    | SONS            |
| HHG<br>ITGBL Trans<br>Mobile Home                                 | M707<br>M7M7                 | AA    | 17     | 7   | 1105 | 2750         | 220  | 41690 | 06744              |             | 000000 | M7O700000000 | M7000117CB0M7O7 |
| Non Temp<br>Storage   | M987                         | AA    | 17     | 7   | 1105 | 2750         | 220  | 4169D | 06744              | 3 2D        | 000000 | M93700000000 | M7000117CB0M937 |
| POV Shipment<br>POV Storage<br>Travel<br>Unaccompanied<br>Baggage | M7R7<br>M357<br>0000<br>M717 | AA    | 17     | 7   | 1105 | 2750         | 217  | 41690 | 067 <del>4</del> 4 | . '<br>3 2D | 000000 | 000000000000 | N7000217CT832MP |

Traffic Management Officials should refer to Marine Corps Bulletin 4610 for the assignment of the appropriate Transportation Account Code (TAC) and Marine Corps Bulletin 4631 when arranging transportation for the movement of personnel.

\*\*\* End of Orders \*\*\*\*

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# ORIGINAL

#### UNITED STATES MARINE CORPS 3D MARINE DIVISION (-) (REIN) UNIT 35801 FPO AP 963E2-5801

1326 G-1 12 Jan 17

#### REPORTING ENDORSEMENT

From: Commanding General, 3d Marine Division

To: Gunnery Sergeant Sharonda L. Tyson 1251670966/4691 USMC

Subj: PERMANENT CHANGE OF STATION ORDERS

- 1. You arrived on island at 2030 on 20170111 and reported for duty at 2130 on 20170111 and are further directed to proceed and report to the Commanding Officer, Headquarters Battalion, 3d Marine Division (MCC 124, RUC 13001) for duty.
- 2. You are serving a 36 month accompanied tour; your rotation tour date is 20200110.
- 3. You are directed to report to the Inbound Section of Installation Personnel Administration Center aboard Camp Foster (Building 5699, point of contact is at 645-4810).

By direction

### UNCLASSIFIED

## AREA CLEARANCE APPROVAL ICO GYSGT SHARONDA L TYSON EDIPI:

Originator: CG G ONE MCB CAMP BUTLER JA

DTG: 220645Z Dec 16 Precedence: R DAC: General

TO: HHS MCAS MIRAMAR CA

°CC: CG G ONE MCB CAMP BUTLER JA, CG MCB CAMP BUTLER JA, CG THIRD MARDIV G

RAAUZYUW RUJDAAA4301 3570649-UUUU--RUJDAAA. ZNR UUUUU ZDR ZUI RUEOMCG2640 3570650 R 220645Z DEC 16 FM CG G ONE MCB CAMP BUTLER JA TO RUJDAAA/HHS MCAS MIRAMAR CA INFO RUJDAAA/CG G ONE MCB CAMP BUTLER JA RUJDAAA/CG MCB CAMP'BUTLER JA RUJDAAA/CG THIRD MARDIV RUJDAAA/CG THIRD MARDIV G ONE BT UNCLASSIFIED SUBJ/AREA CLEARANCE APPROVAL ICO GYSGT SEARONDA L TYSON EDIPI: 1251670966/4691 USMC// MSGID/GENADMIN/CG MCB CAMP BUTLER JP// SUBJ/AREA CLEARANCE'APPROVAL ICO GYSGT SHARONDA L TYSON EDIPI: 1251670966/4691 USMC// REF/A/MSG/HHS MCAS MIRAMAR CA/211616ZDEC16// AMPN/REF A REQUESTED FAMILY MEMBER ENTRY INTO OKINAWA JA// REF/B/DOC/MCO\_1300.8 MARINE CORPS PERSONNEL ASSIGNMENT POLICY// POC/CIV/MS. COOPER/MCB CAMP BUTLER/-/DSN: 315-645-8512// EMAIL: LEENORTA.COOPER@USMC.MIL// GENTEXT/REMARKS/1. AREA CLEARANCE FOR THE FOLLOWING FAMILY MEMBERS IS APPROVED: SP-DONYAE R TYSON, DOB-19790308 LS-TYBERIUS N TYSON. DOB-20141015

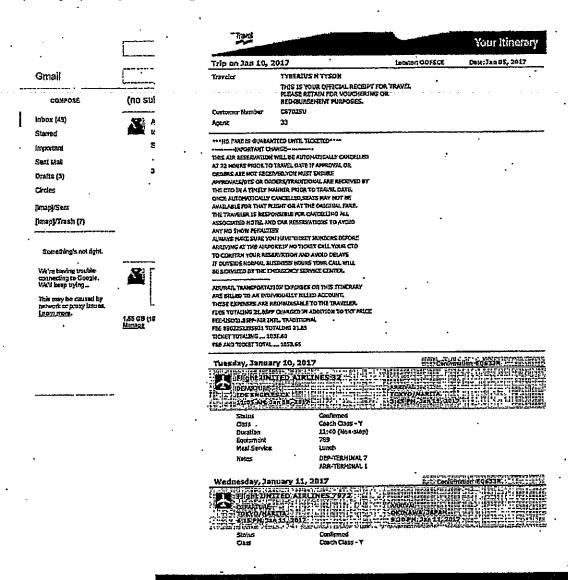
- 2. THIS MESSAGE CONSTITUTES CONFIRMATION OF COMMAND SPONSORSHIP OF FAMILY MEMBERS (EFF 20161222) AND MUST BE RETAINED WITH ORIGINAL PCS ORDERS FOR DURATION OF OVERSEAS TOUR.
- 3. THE FOLLOWING INFO IS PROVIDED:
- A. SPONSORSHIP: GYSGT TYSON WILL BE ASSIGNED A SPONSOR VIA SEPARATE CORRESPONDENCE. FOR GYSGT TYSON: IF YOU ARE NOT CONTACTED WITHIN 10 DAYS OF RECEIPT OF THIS MESSAGE, CONTACT 3D MARDIV ADJUTANT AT DSN: 622-9456/9467. A WELCOME ABOARD PACKAGE IS AUTOMATICALLY SENT OUT 120 DAYS PRIOR TO ARRIVAL BY THE COMMANDING GENERAL, 3D MARDIV. IF YOU HAVE NOT RECEIVED A PACKAGE WITHIN 2 MONTHS OF FLIGHT, CONTACT YOUR LOCAL PERSONAL SERVICES CENTER, SPONSORSHIP COORDINATOR OR PERSONAL SERVICES CENTER (PSC) OKINAWA (COMM: 011-81-6117-45-2104/7805; DSN: 315-645-2104/7805 OR VIA EMAIL: RELOASSIST@OKINAWA.USMC-MCCS.ORG). RELOCATION INFORMATION IS AVAILABLE VIA THE INTERNET AT WWW.MILITARYONESOURCE.COM AND. WWW.MILITARYHOMEFRONT.DOD.MIL. IF STATIONED AT A REMOTE LOCATION WITHOUT PSC SUPPORT, CALL 800-336-4663 - EAST OF THE MISSISSIPPI, 800-253-1624 - WEST OF THE MISSISSIPPI OR CONTACT THE PSC OKINAWA FOR ASSISTANCE.
- B. NEWCOMER'S ORIENTATION BRIEFING: THE NEWCOMER'S ORIENTATION PROVIDES INFORMATION ON A VARIETY OF SUBJECTS VALUABLE TO AID IN YOUR TRANSITION TO LIVING ON OKINAWA AND TAKING ON THIS UNIQUE RESPONSIBILITY. THE ORIENTATION INCLUDES CRITICAL INFORMATION ON SEVERAL SUBJECTS SUCH AS CULTURE AND CUSTOMS OF JAPAN, YOUR RIGHTS

AND RESPONSIBILITIES UNDER THE SOFA AND JAPANESE LAW, AUTOMOBILE INSURANCE AND REGISTRATION REQUIREMENTS, DRIVER'S LICENSING AND PRIVILEGES, AND PROHIBITED ACTIVITIES. ADDITIONALLY, THE ORIENTATION WILL PROVIDE INFORMATION ABOUT FACILITIES AND ACTIVITIES THAT WILL ENHANCE YOUR QUALITY OF LIFE ON OKINAWA. ALL ACCOMPANIED PERSONNEL, ALONG WITH THEIR FAMILY MEMBERS AGE 10 AND OLDER, AND ALL SNCO'S, OFFICERS, AND DOD CIVILIAN EMPLOYEES ARE REQUIRED TO ATTEND THE NEWCOMER'S ORIENTATION WITHIN TWO WEEKS AFTER ARRIVAL.

- C. GENERAL INFORMATION: MARINES AND FAMILY MEMBERS ARE ENCOURAGED TO TAKE FULL ADVANTAGE AND UTILIZE THE FOLLOWING WEBSITE WWW.MARINES.MIL/UNIT/MCBJAPAN TO OBTAIN VALUABLE AND UP TO DATE INFORMATION CONCERNING OKINAWA PRIOR TO YOUR DEPARTURE. THIS SITE CONTAINS COMPLETE MAPS OF THE ISLAND, PICTURES AND TEXT OF THE CULTURAL BACKGROUND OF THE OKINAWA SOCIETY AND MAJOR ACTIVITIES OF INTEREST ON THE ISLAND.
- D. BASE HOUSING: ALL BASE HOUSING ON OKINAWA IS STRICTLY MANAGED AND CONTROLLED BY THE U.S. AIR FORCE AND IN ACCORDANCE WITH THEIR REGULATIONS. ELIGIBLE PERSONNEL SHOULD SUBMIT AN ADVANCE APPLICATION (DD FORM 1746, APPLICATION FOR ASSIGNMENT TO HOUSING) TO THE FAMILY HOUSING OFFICE AT ANY TIME AFTER THEY HAVE RECEIVED PCSO OR ACTIVE DUTY ORDERS. YOU CAN REFER TO THE FOLLOWING WEBSITE WWW.OKINAWAMFH.COM FOR THE LATEST HOUSING INFORMATION. FOR SPECIFIC QUESTIONS, CONTACT YOUR SPONSOR OR KADENA CUSTOMER SERVICE AT DSN: 634-0582/0583 OR COMM: 011-81-6117-34-0582/0583.
- E. PRIVATE RENTAL HOUSING OFF-BASE; IF AUTHORIZED TO RESIDE OFF BASE, STRONGLY RECOMMENDED THAT INDIVIDUALS UTILIZE THE UNIT SPONSORSHIP PROGRAM. OVERSEAS HOUSING ALLOWANCE (OHA), IN SOME CASES, WILL NOT COVER THE COST OF RESIDING OFF BASE. PRICE RANGES FLUCTUATE WITH THE YEN/DOLLAR EXCHANGE RATE.
- F. TEMPORARY LODGING: TEMPORARY LODGING ALLOWANCE (TLA) MAY BE AUTHORIZED FOR ACCOMPANIED MARINES WITH COMMAND SPONSORED FAMILY MEMBERS. ADVANCE PAYMENT OF TLA IS AUTHORIZED AND CAN BE REQUESTED BEFORE OR AFTER YOUR ARRIVAL. MORE INFORMATION REGARDING TLA WILL BE PROVIDED BY IPAC UPON ARRIVAL. ON BASE TLE'S ARE OPERATED BY THE MARINE CORPS COMMUNITY SERVICES (MCCS) AND WILL ACCEPT COMMERCIAL CREDIT CARDS FOR PAYMENT.
- G. HOUSEHOLD GOODS: OKINAWA HAS BEEN DESIGNATED AN ADMINISTRATIVE WEIGHT LIMITED (AWL) AREA. YOU ARE LIMITED TO 2,500 POUNDS OR 25% OF YOUR JOINT FEDERAL TRAVEL REGULATION (JFTR) AUTHORIZED PCS WEIGHT ALLOWANCE (JFTR PARA U5310-B), WHICHEVER IS GREATER. HOWEVER, CERTAIN COMMAND BILLET ASSIGNMENTS MAY BE AUTHORIZED UP TO 50% OF YOUR JFTR AUTHORIZED PCS WEIGHT ALLOWANCE FOR THE DURATION OF YOUR TOUR. YOU ARE AUTHORIZED FOUR SEPARATE SHIPMENTS WHEN INBOUND TO OKINAWA PER JFTR U5315-A: AN UNACCOMPANIED BAGGAGE SHIPMENT, A MAIN HOUSEHOLD GOODS SHIPMENT, A NONTEMPORARY STORAGE SHIPMENT AND A SHIPMENT TO A DESIGNATED PLACE. CONSULT YOUR LOCAL PERSONAL PROPERTY OFFICE FOR OFFICIAL UPDATED ADMINISTRATIVE WEIGHT LIMITATIONS AND ENTITLEMENTS RELATED TO EACH SHIPMENT.
- H. DRIVERS LICENSE: ALL DRIVERS MUST OBTAIN A U.S. FORCES OPERATORS PERMIT (USFJ FORM 4EJ) PRIOR TO OPERATING CIVILIAN VEHICLES. OPERATION OF POV'S REQUIRE A MINIMUM AGE OF 16 TO DRIVE ON BASE ONLY AND 18 TO DRIVE OFF-BASE.
- I. PETS: OKINAWA HAS A MANDATORY FAMILY HOUSING ASSIGNMENT POLICY FOR ACCOMPANIED SERVICE MEMBERS, REGARDLESS OF THE BRANCH OF SERVICE. MEMBERS MUST REPORT TO THE HOUSING OFFICER WITHIN TWO DUTY DAYS OF ARRIVAL ON OKINAWA. OKINAWA HAS A JOINT SERVICE PET POLICY AND THE FOLLOWING DOG BREEDS (FULL OR MIXED BREED) ARE RESTRICTED FROM MILITARY FAMILY HOUSING: PIT BULLS, ROTTWEILER, CANID-WOLF HYBRID, DOBERMAN PINCHER, AND CHOW. BRINGING ANY OF THESE BREEDS MAY RESULT IN YOU HAVING TO LIVE OFF BASE AT YOUR OWN EXPENSE. FOR ADDITIONAL

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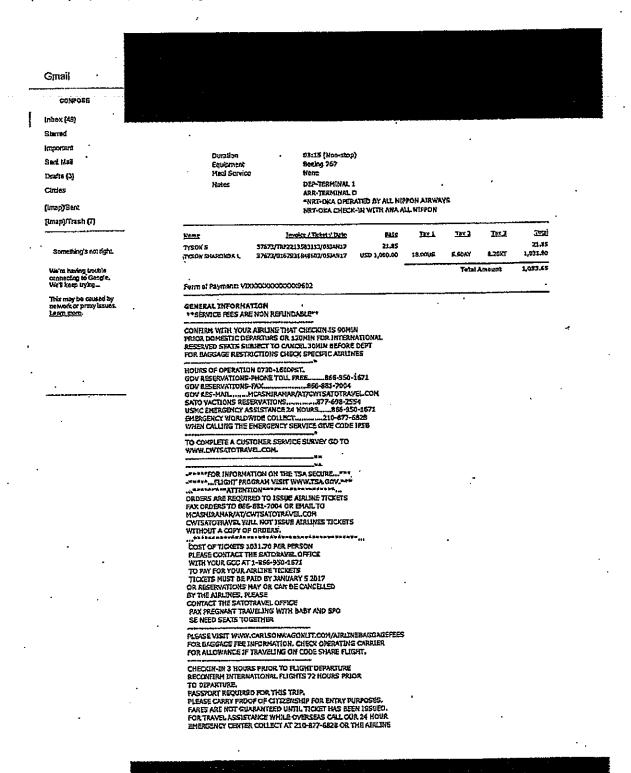
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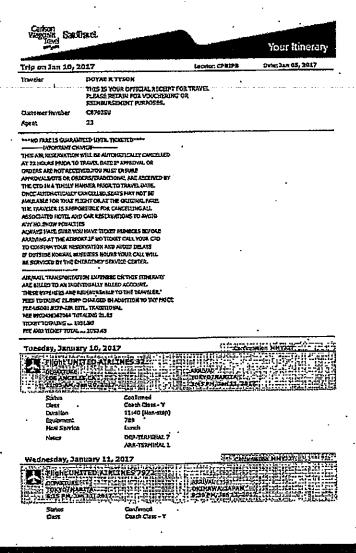
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